

THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year 1962

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

There is no particular aspect of the vital statistics which calls for special comment as the figures continue to follow much the same pattern as in recent years.

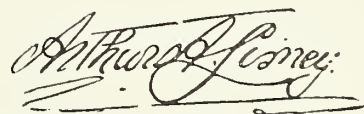
Owing to the occurrence of smallpox in other parts of the country a large number of persons requested vaccination by their family doctors but no official sessions for vaccination were arranged in this county as it was not considered that there was any immediate risk to the community justifying such action.

Satisfactory progress was made in regard to the capital building programme. The Poole central clinic and the new clinic at Dorchester were both completed during the year and work commenced on the Blandford clinic. Alexandra House was opened in July and considerable progress was made on the construction of Elizabeth House; both of these homes for fifty elderly persons are located in Poole. Extensions were commenced to the James Day Home at Swanage and the Lawns at Weymouth, so that the number of elderly persons accommodated in each will be raised to fifty. Under the Mental Health Act a training centre at Sturminster Newton was established early in the year and the construction of a new centre at Weymouth started.

In January 1962 the Minister of Health published his *Hospital Plan for England and Wales* containing programmes for the next ten years in regard to hospital development. The only provision for this area which was received with mixed feelings was that of a new hospital to be sited at Dorchester rather than Weymouth, but after a good deal of discussion the Minister's decision in this respect has been upheld.

Shortly after the hospital schemes were published local authorities received a request from the Minister of Health to prepare plans for the domiciliary services on similar lines and to submit these by the end of October. Needless to say this caused a great deal of additional work in the department but the development plan for Dorset was finally approved by the County Council at their meeting on 9th November and submitted to the Minister for his consideration.

It is with sincere regret that I refer to the death of Mr. Douglas Jackman in the closing days of the year. Mr. Jackman was elected Chairman of the Health and Social Services Committee during the spring of 1948 and shortly afterwards was appointed to the Regional Hospital Board and local Executive Council. This enabled him to keep in proper perspective all matters concerning the National Health Service. The Health and Social Services Committee have lost a valued Chairman and I have lost a friend who was always ready to help and advise.



County Medical Officer of Health.

Health Department,
County Hall,
Dorchester,
Dorset.
July, 1963



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HEALTH DEPARTMENT ESTABLISHMENTS

Central Staff

*County Medical Officer of Health;
Principal School Medical Officer.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy County Medical Officer of Health;
Deputy Principal School Medical Officer.*

TURNER, A. F., M.B., B.Ch., D.P.H.

Senior Medical Officers;

SIMONDS, W. H., M.A., M.D.

TOWNSEND, M., M.B., B.S., M.R.C.P., D.C.H.

Assistant County Medical Officers of Health.

MEADOWS, J. G., M.B., Ch.B., D.P.H.

WHITE, J. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

*District Medical Officers of Health and Senior Assistant County
Medical Officers of Health.*

ARMIT, A., M.B., Ch.B., D.P.H.

HOPKINS, G. B., M.B., Ch.B., D.P.H.

LAWRENCE, I. B., B.Sc., M.B., Ch.B., D.P.H.

O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

*Joint Appointment with Regional Hospital Board:
(Consultant Chest Physician).*

CLARK, A., M.D., M.R.C.P.

(Consultant Psychiatrist).

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Workers (2).

Principal School Dental Officer.

PRETTY, P. J., L.D.S.

Dental Officers.

BROWN, R. G. E., B.D.S. (Commenced 22/1/62).

COULTON, K. H., L.D.S.

GREENFIELD, D. G., L.D.S.

HODGES, W. V. A., M.C., L.D.S.

LAYLEE, MRS. E. G., L.D.S. (Part-time).

LINLEY, MRS. E., L.D.S.

MAYNARD, P. H. W., L.D.S.

NEAME, C. S., L.D.S. (Retired 31/3/62).

ROBERTSON, K. P., L.D.S.

YATES, A. V. (Retired 31/3/62).

County Public Health Engineer.

KING, F. M. W., F.S.E., F.R.S.H., F.I.P.H.E., M.A.P.H.I.

Assistant County Public Health Officer.

PARRY, A. H., M.R.S.H., M.A.P.H.I.

Technical Assistants (2)

County Ambulance Officer.

THOMPSON, W. G. M., O.B.E.

County Nursing Officer.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Deputy County Nursing Officer.

FLEX, MISS J. E., S.R.N., S.C.M., H.V.CERT.

Assistant County Nursing Officer.

WOOD, MISS M. P., S.R.N., S.C.M., H.V.CERT., M.T.D.

Liaison Health Visitors (2).

Health Visitors (23).

Nursing and Midwifery Staff (52).

Domestic Help Organiser

GIBSON, MISS M. F., S.R.N., S.C.M., H.V.CERT.

Senior Officer for Mental Health and Care and After Care.

PALING, H., D.P.A., D.M.A.

Home Teachers for Mentally Handicapped (1).

Home Teachers for the Blind (6).

Senior District Welfare Officers (4).

District Welfare Officers (6).

Chief Administrative Assistant.

HUTCHINGS, H. L.

Administrative Assistant.

CLARKE, V. W. V., D.P.A.

South Dorset Area Staff

Area Medical Officer.

WALLACE, E. J. G., M.B., Ch.B., D.P.H.

Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

Dental Officers.

FARWELL, E., L.D.S.

MASON, MRS. M. D., B.D.S. (Part-time).

Vacancy.

Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C.

Health Visitors (8).

Nursing and Midwifery Staff (12).

DELEGATE DISTRICT—POOLE BOROUGH.

Staff

Borough Medical Officer of Health.
School Medical Officer, Excepted Area.
 HUTTON, J., M.D., D.P.H.

Deputy Medical Officer of Health.
 MCCUTCHION, A., M.B., CH.B., D.P.H. (Appointed 26/3/62).

Assistant Medical Officers of Health.
 CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P. (Part-time)
 WILLIAMSON, H. C., M.B., B.Ch., D.P.H.
 HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H.
 BIRCHENOUGH, G. K., M.R.C.S., L.R.C.P., D.P.H. (Appointed
 1/3/62, Resigned 30/11/62).
 CULLEN, D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Appointed
 3/12/62).

Borough Senior Dental Officer.
 WILLIAMS, F. E. R., L.D.S.

Dental Officers.
 BARNARD, A. C. S., L.D.S., R.C.S.
 GAPPER, A. E. G., L.D.S.
 GREEN, C., L.D.S., R.C.S. (Appointed 17/9/62).

Domestic Help Organiser.
 THICKETT, Miss L. M.

Borough Nursing Officer.
 KINGSBURY, Miss M. M., S.R.N., S.C.M., H.V.CERT.

Deputy Borough Nursing Officer.
 GUTTMAN, Miss C. E., S.R.N., S.C.M., H.V.CERT.

Liaison Health Visitors (3).

Health Visitors (12).

Midwives (Whole-time) (13).

Home Nurses (Whole-time) (17).
(Part-time) (2)

OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1962)

<i>Boroughs</i>				<i>Medical Officers</i>				<i>Public Health Inspectors</i>			
Blandford Forum	..	..	..	DR. G. B. HOPKINS	..	..	..	MR. H. L. BIRKETT.			
Bridport	..	..	..	*DR. A. ARMIT	..	..	..	MR. E. ISMAY			
Dorchester	..	..	..	DR. I. B. LAWRENCE	..	..	..	MR. C. F. ALLARD (Senior).			
								MR. D. A. DOLPHIN			
								MR. S. J. HALL			
Lyme Regis	..	..	..	*DR. A. ARMIT	..	..	..	MR. I. D. KENNAUGH.			
Poole	..	..	..	*DR. J. HUTTON	..	..	..	MR. R. LEGGAT (Chief).			
								MR. C. GLOVER (Deputy Chief).			
								MR. R. M. IMPETT.			
								MR. R. R. TUCKER			
								MR. F. K. W. FRANCIS (Housing).			
								MR. E. W. WAKEFIELD (Meat Inspector).			
								MR. R. C. STENTIFORD.			
								MR. S. T. DAVIES.			
								MR. F. BURGIN.			
Shaftesbury	..	..	..	DR. N. F. PEARSON	..	..	..	MR. W. N. TEASDALE.			
Wareham	..	..	..	DR. E. J. O'KEEFE	..	..	..	MR. J. R. TANNER.			
Weymouth and Melcombe Regis	..	..	..	*DR. E. J. G. WALLACE	..	..	..	MR. H. HANDSCOMB (Chief).			
								MR. A. L. HARRIS.			
								MR. R. G. S. NEWBOULD.			
				<i>* Also Port Medical Officer.</i>							
<i>Urban Districts</i>											
Portland	..	..	..	DR. E. J. G. WALLACE	..	..	..	MR. P. A. WILLIAMS.			
Sherborne	..	..	..	DR. N. F. PEARSON	..	..	..	MR. F. E. RAEBURN.			
Swanage	..	..	..	DR. E. J. O'KEEFE	..	..	..	MR. K. W. GREENWOOD.			
Wimborne	..	..	..	DR. G. B. HOPKINS	..	..	..	MR. F. CADDICK			
<i>Rural Districts</i>											
Beaminster	..	..	..	DR. A. ARMIT	..	..	..	MR. C. C. RUNDLE.			
Blandford	..	..	..	DR. G. B. HOPKINS	..	..	..	MR. G. S. C. UDALL (Senior).			
								MR. M. A. STOCKLEY.			
Bridport	..	..	..	DR. A. ARMIT	..	..	..	MR. J. R. NEWMAN.			
Dorchester	..	..	..	DR. I. B. LAWRENCE	..	..	..	MR. N. RAWLINS (Senior).			
								MR. J. M. S. STAMP.			
								MR. J. B. S. SALT.			
Shaftesbury	..	..	..	DR. N. F. PEARSON	..	..	..	MR. F. E. CASEMORE (Chief).			
								MR. W. E. BREEDS.			
								MR. L. F. P. WARREN (Resigned 31/8/62).			
								MR. W. WAGG (Commenced 15/10/62).			
								MR. R. A. LEACH,	} Meat Inspectors.		
								MR. C. R. MARCHANT			
Sherborne	..	..	..	DR. N. F. PEARSON	..	..	..	MR. J. E. FANNON.			
Sturminster	..	..	..	DR. N. F. PEARSON	..	..	..	MR. F. HODSON.			
								MR. L. C. RINGROW (Commenced 1/6/62).			
Wareham	..	..	..	DR. E. J. O'KEEFE	..	..	..	MR. E. D. GRANT (Senior).			
								MR. F. W. WHITE.			
								MR. A. F. PAVEY ((Commenced 16/7/62).			
Wimborne	..	..	..	DR. G. B. HOPKINS	..	..	..	MR. W. CHICK (Chief).			
								MR. F. BOAM (Senior additional).			
								MR. G. HALL (additional).			
								MR. A. HOLMES	} Meat Inspectors.		
								MR. R. E. J. HARGREAVES			

Public Health Laboratory Service.

Dorchester Laboratory.
 TEE, G. H., M.A., M.R.C.S., L.R.C.P.

Boscombe Laboratory.
 KING, G. J. G., M.A., M.B., B.CHIR.

COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health and social services are included in this report.

Health and Social Services

1. *Composition.* Thirty ordinary members, Chairman and Vice-Chairman of the Council and of the Education Committee and Chairman or Vice-Chairman of the Finance Committee, *ex-officio*; seven co-opted Members.—*Total 42.*

2. *Delegated Powers.* The powers and duties of the Council referred to in paragraph 3 below (under the heading 'Delegated Powers').

Referred Business. The functions of the council relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature.

3. The following powers and duties have been referred or re-delegated to the sub-committees named:—

(a) *Ambulance Service Sub-Committee*

Delegated Powers

The functions of the council relating to the Ambulance Service including the appointment and dismissal of ambulance drivers/attendants with power to re-delegate.

(b) *Health Services Sub-Committee*

Referred Business

The functions of the Council relating to:—

- (i) Notification of Births and Infectious Diseases;
- (ii) Supervision of Midwives;
- (iii) Health Centres;
- (iv) Care of Mothers and Young Children;
- (v) Health Visiting;
- (vi) Midwifery;
- (vii) Home Nursing;
- (viii) Vaccination and Immunisation;
- (ix) Domestic Help;
- (x) Housing Accommodation for District Nurses, Midwives and Health Visitors;
- (xi) Health Education;
- (xii) Prevention of Illness;
- (xiii) Care and After-Care.

Delegated Powers

The powers and duties of the Council relating to the functions specified above, except such as may be either:—

- (i) the subject of a delegation scheme made under the Local Government Act, 1958 or any other enactment, or
- (ii) from time to time delegated to the South Dorset Area Health Sub-Committee;

(c) *South Dorset Area Health Sub-Committee*

Referred Business

- (i) Matters arising in the South Dorset Area in connection with the Council's functions specified in paragraph 3 (b) (i) to (x) above, and
- (ii) Matters referred to the Sub-Committee by the Health and Social Services Committee, the Health Services Sub-Committee, or the Ambulance Service Sub-Committee, or by the respective Chairmen of such Committee or Sub-Committees in connection with any of the services provided by the Council under Part III of the National Health Service Act, 1946, and any enactment re-enacting or amending the same.

Delegated Powers

The powers and duties of the Council relating to the day-to-day administration within the South Dorset Area of the functions to which reference is made in (i) above.

(d) *Mental Health Sub-Committee*

Referred Business

The functions of the Council relating to mental health (except those relating to the registration of mental nursing homes and those exercisable as Children's Authority and Education Authority), including the appointment and dismissal of resident and non-resident staff in residential establishments.

Delegated Powers

The powers and duties of the Council relating to the functions to which reference is made above, except such as may be the subject of a delegation scheme made under the Local Government Act 1958, or any other enactment, with power to re-delegate to a Sub-Committee or to the County Medical Officer the appointment and dismissal of resident and non-resident staff in residential establishments.

(e) *Public Health Sub-Committee*

Referred Business

The functions of the council relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature not within the terms of reference of any other sub-committee.

Delegated Powers

The functions of the council under:—

- (i) the Housing Acts, 1936 to 1957 and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the council;
- (ii) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48) and any Orders made thereunder and any enactments or Orders amending the same.

(f) *Social Services Sub-Committee*

Referred Business

Matters arising in connection with:—

- (i) the Council's functions under the National Assistance Act, 1948 and any enactment re-enacting or amending the same, including the appointment and dismissal of resident and non-resident staffs in establishments;
- (ii) the Council's functions under the Disabled Persons (Employment) Act, 1958, and any enactment re-enacting or amending the same;
- (iii) the Council's power under Section 56 of the Local Government Act, 1958 or any enactment re-enacting or amending the same to make contributions to the expenditure of District Councils in respect of the housing of old people;
- (iv) the Council's powers under Section 136 of the Local Government Act, 1948 and any other enactment for the time being in force to contribute towards the expenses of trustees of charitable trusts in connection with the provision or maintenance of almshouses.

Delegated Powers

The powers and duties of the Council relating to the functions enumerated above, except such as may be the subject of a delegation scheme made under the Local Government Act, 1958, or any other enactment, with power to re-delegate to a Sub-Committee or to the County Medical Officer the appointment and dismissal of resident and non-resident staffs in residential establishments.

(g) *Nurses Acts Sub-Committee*

Delegated Powers

The functions of the Council under the Nurses Acts, 1943-1945, relating to licensing of agencies for the supply of nurses

(h) *Nursing Homes and Nurseries and Child Minders Sub-Committee*

Delegated Powers

The functions of the Council under:—

- (i) the Public Health Act, 1936 relating to the registration and exemption from registration of Nursing Homes;
- (ii) the Nurseries and Child-Minders Regulation Act, 1948 relating to the registration of premises as nurseries or persons as child minders;
- (iii) the Mental Health Act, 1959 relating to the registration of mental nursing homes.

Delegation of Functions to Councils of County Districts

Poole Borough Council

Delegated Functions. The functions of the County Council relating to:—

- (i) Health Centres;
- (ii) Care of Mothers and Young Children;
- (iii) Midwifery;
- (iv) Health Visiting;
- (v) Home Nursing;
- (vi) Vaccination and Immunisation;
- (vii) Prevention of Illness;
- (viii) Care and After-Care;
- (ix) Domestic Help;
- (x) Mental Health (except residential accommodation);
- (xi) Welfare arrangements for Disabled Persons;
- (xii) Disabled Persons (Employment) Act—Section 3;
- (xiii) Nurseries and Child-Minders Regulation Act, 1948.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

Natural and Social Conditions

Dorset is a predominantly rural county of just under 1,000 square miles. About half the population is associated with an industrial area in the south-eastern quadrant, comprising the Borough of Poole and adjacent dormitory districts, and the south Dorset area consisting of the Borough of Weymouth and Portland. The remainder of the county is made up of rural districts with small boroughs and well scattered urban districts. The climate is comparatively mild and in the summer months many holidaymakers visit Poole, Weymouth, Swanage, Bridport and Lyme Regis. The number of hours of sunshine is high and there is a pleasant absence of severe frosts or fogs. The following table indicates the average monthly rainfall figures for 1962 from fifty-six stations in the county, together with the average hours of sunshine per month from two coastal stations.

<i>Month</i>	<i>Average rainfall of 56 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>	<i>Month</i>	<i>Average rainfall of 56 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>
January	5.63	53.1	July	1.47	188.8
February	0.45	89.0	August	4.59	198.6
March	1.55	135.6	September	3.42	173.3
April	2.05	184.3	October	1.68	144.9
May	2.44	183.3	November	4.34	50.7
June	0.33	300.7	December	2.64	95.4

The number of hours of sunshine recorded from two coastal stations averaged 1,797.7 which is a decrease compared with the previous year when the corresponding figure was 1,806.3. The rainfall average of 30.59 inches also compares favourably with that in 1961; the heaviest falls occurred in August and November.

I am indebted to the urban district meteorological officer for the Swanage figures, the borough meteorologist for those relating to Weymouth and the Secretary of the Dorset Natural History and Archaeological Society for the rainfall statistics.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

Statistics relating to population, births, and deaths, are provided by the Registrar-General and include members of the armed forces who were stationed in the area.

The numbers of births, still births and deaths allocated to the area are those registered during the year 1962, as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the administrative county:

Area in acres	..	..	..	..	..	..	..	..	623,746
Population	..	..	..	..	..	..	Urban	..	197,780
							Rural	..	122,020
									319,800
Rateable value as at 1st April, 1962	..	..	..	..	..	..			£4,243,358
Estimated product of a penny rate	..	..	..	..	..	..			£17,332
Births:									
Live Births 5,071:							<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	..	..	..	..	..	..	2,489	2,282	4,771
Illegitimate	..	..	..	..	..	..	145	155	300
Total live births	..	..	..	..	..	..	2,634	2,437	5,071
Birth rate per thousand population	..	..	..	..	..	..	..	..	15.8
Legitimate birth rate per thousand population	..	..	..	..	..	..	..	..	14.9
Illegitimate live births per hundred total live births	..	..	..	..	..	..	..	..	5.9
Illegitimate birth rate per thousand population	..	..	..	..	..	..	..	..	0.93
Still births 103:									
Legitimate—99							Total	..	103
Illegitimate—4								..	
Rate per thousand total live and still births	..	..	..	..	..	..	..	..	19.9
Rate per thousand population	..	..	..	..	..	..	..	..	0.32
Illegitimate still birth rate per thousand total illegitimate (live and still) births	..	..	..	..	..	..	..	..	13.15
Total live and still births	..	..	..	..	..	..	..	..	5,174

Deaths:

Infant deaths (deaths under one year)	..	..	..	..	..	..	..	111
Infant Mortality Rates:								
Total infant deaths per thousand total live births	..	..	..	..	..	..	..	21.8
Legitimate infant deaths per thousand legitimate live births	..	..	..	..	..	..	..	22.0
Illegitimate infant deaths per thousand illegitimate live births	..	..	..	..	..	..	..	20.0
Neo-Natal Mortality Rate (deaths under four weeks per thousand total live births)	..	..	..	..	..	..	..	15.9
Early Neo-Natal Mortality Rate (deaths under one week per thousand total live births)	..	..	..	..	..	..	..	13.4
Perinatal Mortality Rate (still births and deaths under one week combined per thousand total live and still births)	..	..	..	..	..	..	..	33.0
Maternal Mortality (including abortion):								
Number of deaths	..	..	..	..	..	..	..	3.0
Rate per thousand total live and still births	..	..	..	..	..	..	..	0.5
Total Deaths	..	..	..	..	..	..	..	4,270
Death Rate per thousand population	..	..	..	..	..	..	..	13.3
Deaths from diphtheria	..	..	..	..	..	..	..	Nil
„ „ measles	..	..	..	..	..	..	..	Nil
„ „ whooping cough	..	..	..	..	..	..	..	Nil
„ „ pulmonary tuberculosis	..	..	..	..	..	..	..	10
„ „ non-pulmonary tuberculosis	..	..	..	..	..	..	..	2
„ „ cancer (all forms)	..	..	..	..	..	..	..	762

Some of the causes of death with the corresponding percentages of total deaths (4,270) are given in the table below:

(a) Heart disease	..	..	..	..	34.0	(i) Other diseases of respiratory system	..	..	1.0
(b) Cancer (all forms)	..	..	..	..	18.3	(j) Hyperplasia of prostate	..	..	0.9
(c) Vascular lesions of nervous system	..	..	..	..	14.0	(k) Congenital malformations	..	..	0.9
(d) Other circulatory diseases	..	..	..	..	5.7	(l) Suicide	..	..	0.8
(e) Pneumonia	..	..	..	..	5.4	(m) Ulcer of stomach and duodenum	..	..	0.7
(f) Bronchitis	..	..	..	..	4.0	(n) Influenza	..	..	0.6
(g) Accidents, other than motor vehicle	..	..	..	..	1.4	(o) Nephritis and nephrosis	..	..	0.6
(h) Motor vehicle accidents	..	..	..	..	1.2				

Comments on Vital Statistics (Tables 1—4)

Birth Rate

The birth rate for 1962 was 15.8 compared with the corresponding figure for England and Wales of 18.0. The comparatively low birth rate is due to the high percentage of old persons who reside in the county.

Infant Mortality

The infant mortality rate for 1962 was 21.8 per thousand live births and this closely corresponds with the figure for England and Wales of 21.4.

Death Rate

The death rate of 13.3 per thousand population is greater than the rate for the country as a whole. Approximately two thirds of the deaths were again due to heart disease and coronary disease of the heart showed a very slight increase over the previous year. In previous years there has been substantial increases. Deaths from carcinoma of the lung and bronchus showed a decrease of five. It is hoped that this may indicate a falling off in the incidence of this disease which has been increasing rapidly over the last decade.

Accidental deaths

Accidental deaths are recorded in two categories, namely motor vehicle accidents and all other. Although the figure of sixty-two deaths from all other accidents shows a slight decrease as compared with the previous year, the deaths from motor vehicle accidents show an appreciable increase from thirty-eight in 1961 to fifty in the year under review.

Age Group			Motor Vehicles		All Other Accidents	
			Deaths	Per Cent	Deaths	Per Cent
0—	..	..	2	4	4	6
5—	..	..	3	6	4	6
15—	..	..	8	16	4	6
25—	..	..	10	20	9	15
45—	..	..	13	26	11	18
65—	..	..	14	28	30	49
Totals	..	..	50	100	62	100

Morbidity Figures

The number of claims for sickness in the past five years is given in the table below. The figures for a small area in the east of the county around Wimborne have to be estimated on a population basis since they are normally included in the statistics referring to Bournemouth. The numbers involved are too small however to make any appreciable difference to the overall picture.

The claims in January were nearly twice as many as in any other month.

Month	1958		1959		1960		1961		1962	
	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population
January	3,642	11.98	3,074	9.99	2,931	9.41	4,703	14.90	6,683	20.897
February	2,996	9.85	4,189	13.62	2,926	9.40	6,012	19.05	3,301	10.322
March	2,520	8.29	5,332	17.33	3,581	11.50	3,085	9.78	3,667	11.466
April	2,844	9.35	2,727	8.86	2,231	7.17	2,257	7.15	3,093	9.671
May	1,773	5.83	1,842	5.99	2,569	8.25	2,639	8.36	3,470	10.850
June	1,844	6.06	2,144	6.97	1,932	6.21	2,012	6.38	2,147	6.713
July	2,120	6.97	1,806	5.87	1,909	6.13	1,954	6.19	2,518	7.873
August	1,621	5.33	1,651	5.36	2,408	7.74	2,305	7.30	1,756	5.490
September	2,054	6.75	2,200	7.15	2,076	6.67	2,091	6.63	1,901	5.944
October	1,997	6.56	2,132	6.93	2,518	8.09	3,248	10.29	3,112	9.731
November	2,020	6.64	2,587	8.41	3,198	10.27	2,839	8.99	2,659	8.314
December	2,494	8.20	2,679	8.71	2,461	7.91	3,208	10.17	2,578	8.061
Totals	27,925	91.81	32,363	105.19	30,740	98.75	36,353	115.19	36,885	115.332

Population:—319,800.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

No cases of diphtheria, typhoid or poliomyelitis infection were notified and there was a marked fall in the incidence of measles and whooping cough.

The only significant mortality from infectious disease was from tuberculosis, twelve people dying from this cause.

Disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
<i>Diphtheria:</i>										
No. of cases notified ..	—	1	—	—	1	—	1	1	—	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Scarlet Fever:</i>										
No. of cases notified ..	188	184	72	107	113	147	227	140	55	53
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified ..	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431	606
No. of deaths ..	1	—	—	—	—	—	1	—	1	—
<i>Whooping Cough:</i>										
No. of cases notified ..	1,125	876	591	373	870	262	161	110	238	38
No. of deaths ..	1	1	—	1	1	—	—	—	—	—
<i>Typhoid and Para-typhoid Fever:</i>										
No. of cases notified ..	2	1	16	1	1	—	1	3	—	2
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Food Poisoning:</i>										
No. of cases notified ..	23	35	63	191	29	210	48	24	45	17
No. of deaths ..	—	—	—	—	2	—	—	—	—	—
<i>Dysentery:</i>										
No. of cases notified ..	68	68	13	63	2	4	112	238	28	8
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Poliomyelitis (including Polioencephalitis):</i>										
No. of cases notified ..	150	27	50	11	10	8	3	1	—	—
No. of deaths ..	2	2	3	1	1	—	1	—	—	—
<i>Meningococcal Infection:</i>										
No. of cases notified ..	5	4	5	7	5	3	4	1	—	—
No. of deaths ..	1	1	1	1	—	—	—	2	—	1

Diphtheria

No cases of diphtheria were notified for the second successive year. Cases of diphtheria occurring in other parts of the country emphasise the importance of maintaining a high level of immunisation.

Scarlet Fever

The number of notifications of scarlet fever was again less than during the previous year, fifty-three compared with fifty-five in 1961.

Measles

For the first time since 1954 the number of cases of measles dropped below the thousand mark to 606. In 1961 there were 5,431 cases notified.

Whooping Cough

It is pleasing to note that the increase in whooping cough notifications in 1961 was not continued into 1962, when there were only thirty-eight the lowest number recorded since 1960.

Typhoid and Paratyphoid Fever

A woman from Somerset aged fifty-three was admitted to Yeatman Hospital, Sherborne and subsequently notified as suffering from Enteric Fever. A thirteen year old boy in Weymouth had Paratyphoid B infection.

Food Poisoning and Dysentery

There were no outbreaks during the year. The seventeen cases of food poisoning and eight of dysentery notified were spread over the year and in various parts of the county.

Poliomyelitis (including Polio-Encephalitis)

For the second successive year no cases of poliomyelitis were notified in Dorset. It is hoped that now the oral vaccine has come into use this progress will be maintained.

Tuberculosis

The number of new notifications was very similar to the previous year: eighty pulmonary and fourteen non-pulmonary cases compared with eighty-two and fourteen respectively in 1961.

*Number of Notifications and Deaths from Tuberculosis
in Dorset 1953—1962*

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
1953	163	39	46	6
1954	146	37	29	4
1955	135	28	20	2
1956	184	24	30	3
1957	148	24	18	5
1958	136	15	12	4
1959	131	14	20	2
1960	116	12	25	3
1961	82	18	14	1
1962	80	10	14	2

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Care (Table 6)

Administrative Arrangements

The Health Services Sub-Committee is responsible for the care of mothers and young children in the county area, with the day to day administration in the south Dorset area delegated to the area sub-committee; while in the Poole area, the Poole Borough Health Committee is responsible under delegated powers which came into operation in April 1961.

Ante-Natal Clinics

In the Poole area midwives' clinics are held at eight centres and 775 first attendances were recorded with 3,420 total attendances.

Statistics

Summary of Ante-Natal Care at Clinics held by Midwives in Poole, 1958-1962

				1958	1959	1960	1961	1962
Midwives' Ante-Natal Clinics	..	..	..	5	8	7	7	8
First Attendances ..	..	..	..	809	841	977	848	775
Total Attendances	..	..	..	3,899	3,754	4,366	3,608	3,420

Mothercraft and Relaxation Clinics

These clinics continue to be held at Bridport, Dorchester, Poole, Portland, Shaftesbury, Sherborne, Sturminster Newton and Swanage. During the year an additional session was started in Verwood and the sessions at Blandford and Upton were discontinued owing to the low numbers attending. By the end of the year, health visitors and midwives were taking all the relaxation classes in the county area. The demand for these services continued to increase, the total attendances during the year being an increase of fifteen per cent for mothercraft and twenty per cent for relaxation over the previous year.

Statistics

Attendances at Mothercraft and Relaxation Classes

Class	Mothercraft		Relaxation	
	First	Total	First	Total
Blandford	26	145	25	140
Bridport	35	207	38	210
Dorchester	99	629	103	590
Poole	220	1,363	220	1,363
Portland	18	68	—	—
Shaftesbury	50	277	48	263
Sherborne	71	450	80	432
Sturminster Newton	23	115	21	110
Swanage	38	281	—	—
Upton	4	54	4	52
Verwood	8	34	8	34
Wareham	69	432	70	420
Weymouth	207	991	—	—
Totals	868	5,046	617	3,614

Care of Unmarried Mothers

Facilities provided for unmarried mothers include advice from health visitors and midwives, arrangements for maternity beds at hospital or arrangements for admission to mother and baby homes by the moral welfare workers.

Mother and baby homes are administered by the Moral Welfare Associations in various parts of the county, and the County Council accept responsibility for the maintenance of mothers admitted to the homes run by the Salisbury Diocesan Association for Moral Welfare and other approved homes.

The welfare workers employed by the Salisbury Association deal with the special problems of the unmarried mother and her child and co-operate with the County Council staff. During the year two meetings were arranged at County Hall at which moral welfare workers met the staff of the health department and, on one occasion, the Children's Officer, to discuss mutual problems.

The number seeking help continued to rise and sixty-two cases were admitted to the various mother and baby homes to which admissions are arranged by the Council.

The County Council make an annual grant to the Salisbury Association towards the cost of the field workers' salaries in recognition of their services to unmarried mothers.

Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1958	1959	1960	1961	1962
St. Monica's Home, Parkstone	8	17	16	16	11
St. Gabriel's Home, Weymouth	15	16	12	22	13
Beckingsale House, Salisbury	13	8	8	3	25
Free Church Council Maternity Home, Bournemouth	—	4	5	6	4
Others	6	8	7	12	9
Totals	42	53	48	59	62

Maternity Outfits

The contents of the maternity outfits issued by the County Council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements and are supplied in bulk to the midwives who distribute them, as needed, to their domiciliary cases.

The distribution during the year was as follows:—

County Area	924
Poole	733
South Dorset Area	216
	<u>1,873</u>

Welfare Centres (Tables 7 and 8)

Administrative Arrangements

The Health Services Sub-Committee are responsible for the care of pre-school children in the county area, with day-to-day administration in the south Dorset area supervised by the area sub-committee; while in the Poole area these functions are the responsibility of the Poole Borough Health Committee under delegated powers.

Child welfare clinics in the county are staffed by medical officers and health visitors with help from the district nurses in some areas. In addition, the clinics in the county area are greatly helped by the assistance of voluntary workers, whose co-operation is much appreciated.

The services of the consultant child guidance psychiatrist are available to all children considered in need of such help, both of pre-school and school age, and child guidance clinics are held at convenient centres in the county.

Children seen at welfare centres, who are considered to need treatment or specialist advice are referred back to the family doctor for his opinion.

General Survey

The number of welfare centres in the county area remains the same and the total attendances continue to show a slight increase—about five per cent for all ages from 0-5 years and about eight per cent for children under one year.

The number of sessions has remained the same except in Corfe Mullen where an additional session a month is held.

As in previous years, vaccination against smallpox, triple immunisation against diphtheria, whooping cough and tetanus and poliomyelitis vaccination is offered to all babies attending the child welfare clinics in accordance with the schedule suggested by the Ministry of Health. Towards the end of the year, however, the recommended time of the smallpox vaccination was changed to the second year (in accordance with the suggestion that complications are least in the second year of life). In view of this change, I feel that the smallpox vaccination figures will fall as it is much less easy to persuade mothers to attend for smallpox vaccination during the second year than during the first year.

Statistics

Analysis of Attendances at Welfare Centres, 1958—1962

	1958	1959	1960	1961	1962
Infants under 1 year of age attending first time ..	3,284	3,378	3,729	3,713	4,024
Children 1—5 years of age attending „ „ ..	8,131	8,414	8,997	9,501	10,297
Total attendances of infants under 1 year of age ..	40,328	40,977	41,922	42,177	45,646
Total attendances of children 1—5 years of age ..	24,324	23,451	23,409	21,478	20,875
Number of live births notified ..	4,485	4,518	4,817	4,823	5,071
Percentage that attended while under 1 year of age ..	71.0	74.7	77.4	77.0	79.3

Outline of Work Carried out at the Centres

The clinical work of the centres is purely preventive in character and aims at the early detection of congenital and acquired defects and diseases. Each welfare centre is attended by a medical officer and infants are examined at the first attendance and thereafter as required, any showing signs of deviation from normal health being referred to the family doctor.

Less time is spent on advising about diet and more on advising the mother in regard to training the child and on discussing the best way to ensure that the child feels secure, and therefore able to develop fully, as it is felt that, with a few exceptions, mothers know how to care for their children physically but are less sure about discipline.

Children born to parents known to be suffering from pulmonary tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and where necessary, B.C.G. vaccination. Vaccination against smallpox and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis is carried out at all welfare clinics.

Other Provision

Dental Care—Priority Classes

There has been a small increase in the number of expectant and nursing mothers and children under five years of age who have received dental treatment during the year. It is anticipated that the increase will continue when new clinics, which are being planned or are already under construction, are completed.

The dental officers are in attendance at child welfare clinics whenever possible, in order that appointments may be made for those patients who are referred for dental treatment.

The dental hygienist has carried out a programme of dental health education by means of films and talks. These have been well received by the members of various organisations but the response at child welfare centres has been disappointing. These visits have therefore been discontinued.

Dental Care of Expectant and Nursing Mothers, 1958—1962

	1958	1959	1960	1961	1962
Number examined	258	269	405	251	312
Number needing treatment	258	269	349	233	304
Number treated	179	192	247	203	241
Number made dentally fit	162	136	201	137	189
<i>Particulars of Dental Treatment provided:</i>					
Extractions	285	432	614	403	366
Anaesthetics—General	47	64	93	80	79
Fillings	272	187	314	252	385
Scalings/Gum Treatment	48	30	81	38	39
Silver Nitrate	1	2	24	13	1
Dentures	25	19	47	20	18
provided } Complete	38	32	26	31	37
} Partial					

Dental Care of Children under Five Years of Age, 1958—1962

	1958	1959	1960	1961	1962
<i>Numbers provided with dental care:</i>					
Number examined	786	662	797	663	655
Number needing treatment	758	626	690	585	612
Number treated	602	583	639	548	567
Number made dentally fit	532	467	532	440	534
<i>Particulars of dental treatment provided:</i>					
Extractions	668	611	710	787	675
Anaesthetics—General	394	324	385	399	338
Fillings	344	288	428	518	636
Scalings/Gum Treatment	4	2	3	3	16
Silver Nitrate	45	45	59	40	29

Birth Control

As was reported last year, the Family Planning Association now hold clinics at Blandford, Bridport, Dorchester and Wareham. The County Council make an annual grant towards this service to which patients who would have attended County Council clinics are now referred.

Contraception clinics are still held by the County Council in the Poole and south Dorset areas.

*Statistics**Attendances at Contraception Clinics*

<i>Clinic</i>	<i>Number of Sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Poole	56	89	621
Portland	19	47	71
Weymouth	27	114	169
Totals	102	250	861

Summary of Attendances at Contraception Clinics, 1958—1962

<i>Particulars</i>	1958	1959	1960	1961	1962
Number of Sessions	226	252	253	177	102
First Attendances	507	512	466	716	250
Total Attendances	2,496	2,081	2,218	1,632	861

Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and where necessary the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels and special dried milk. When a premature birth can be anticipated the mother is encouraged to have her confinement in a maternity unit or hospital and in practise it is found that a high proportion of infants in this category are born in hospital or are admitted within an hour or so of delivery. Arrangements have been made to equip all full-time ambulance depots with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor and, if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

Of the number of premature infants notified in 1962, 85.5 per cent survived one month.

Statistics

Weight and Survival of Premature Births during 1962

Weight at Birth	Premature Live Births															Premature Stillbirths	
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days		
3 lb. 4 oz. or less	40	21	12	2	1	—	4	1	2	—	—	—	—	—	—	20	2
Over 3 lb. 4 oz. up to and including 4 lb 6 oz.	35	1	32	—	—	—	1	—	1	—	—	—	—	—	—	14	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	43	2	40	3	—	3	4	—	4	—	—	—	—	—	—	3	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	125	1	121	32	—	31	7	—	7	1	—	1	—	—	—	8	3
Totals	243	25	205	37	1	34	16	1	14	1	—	1	—	—	—	45	5

Premature Infants Notified, 1958—1962

Premature Live Births	1958	1959	1960	1961	1962
Number of premature infants notified	274	262	294	272	297
Number of premature infants who were					
Born at home	85	77	91	39	53
Born in hospital or nursing home	189	185	203	233	244
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	4	4	5	2	1
(2) survived at end of one month	52	54	55	29	34
Number of those born at home who were transferred to hospital	29	18	15	8	16
Number of those born in nursing homes who:					
(1) died during first 24 hours	—	—	—	—	—
(2) survived at end of one month	1	5	—	4	1

Children Neglected or Ill-treated in their own Homes

Arising from a circular issued jointly in 1950 by the Home Office, Ministry of Health and Ministry of Education with regard to children neglected or ill-treated in their own homes, the County Council appointed the Clerk of the County Council temporarily as designated officer. Regular meetings of officers are suggested in the circular but are not held in this county. Significant cases of child neglect and ill treatment are, however, dealt with at case conferences called by the district medical officers of health as described under the prevention of break-up of families.

It is possible that the work associated with these children will be transferred to the Children's Department and discussions on this are in progress at the time of writing.

Protection of Children from Tuberculosis

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and children's homes provided by the County Council undergo a routine medical check, including a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review eleven initial and thirteen annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way and six radiological examinations of the chest were carried out in 1962, none of the films showed signs of tuberculous infection.

Day Nurseries

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the County Council and considered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family; mothers who are single, separated, widowed or have disabled or invalid husbands are also assisted in this way. A charge is made in respect of each child admitted and the chairman of the appropriate committee is, in consultation with the medical officer, empowered to reduce the amount in case of hardship. The following order of priority has been adopted by the County Council to be applied when applications for admission of children to the day nursery are being considered:—

- (a) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;
- (b) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the house to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- (c) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (a) or (b) above, or by reason of a need for disciplinary training.

The nursery, which was opened in 1952, was specially built for the purpose and is pleasantly situated in the grounds of Belmont Court, Parkstone. It is fitted with good modern equipment and there is ample space for indoor and outdoor activities. In addition to providing amenities conducive to the mental and physical well-being of the growing child the nursery serves as a valuable centre for imparting principles of mothercraft and general health education to mothers making use of the service.

Statistics

<i>Day Nursery</i>	1958	1959	1960	1961	1962
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year	50	50	50	57	55
Average daily attendance during year	35	23	29	26.77	29.69

Distribution of Welfare Foods

The increased charges for these products have now been in force for over a year and have resulted in a falling off in the demand.

The Women's Voluntary Service have again given willing and valuable service and the many other voluntary helpers in subsidiary distribution centres have continued to be of great assistance.

Six new centres have been opened to meet fresh demands and four small centres have closed owing to the temporary lack of demand for foods in the villages concerned. In all cases where there has been a change of ownership of business premises the new owners have offered to continue to distribute the welfare foods.

Welfare Foods Distributed

	1958	1959	1960	1961	1962
National Dried Milk (tins)	76,821	73,050	65,176	52,966	50,407
Cod Liver Oil (bottles) ..	18,302	16,730	16,479	11,523	5,584
Vitamin A & D (packets)	12,671	12,998	14,184	10,263	6,477
Orange Juice (bottles)	149,375	146,909	143,738	88,661	54,725

MIDWIFERY (Section 23) (Tables 9—11)

Administrative Arrangements

All midwives in the county area are in the full-time employment of the County Council, but it remains difficult to maintain a full establishment. At the end of the year, there was one vacancy for a district nurse midwife in the Dorchester area.

Supervision of Midwives

Medical supervision is carried out by the county medical officer of health assisted by a senior medical officer and the medical officers in Poole and south Dorset. The county nursing officer is responsible for the non-medical supervision of midwives; she has a deputy, and an assistant who is the non-medical supervisor of midwives in Poole.

Refresher Courses

The Central Midwives Board require all practising midwives to undertake a course of post-graduate training once in every five years and arrangements are made to meet this requirement. Eleven midwives attended refresher courses during the year.

Administration of Analgesics by Midwives

All sixty-five midwives employed in the service are qualified to administer gas and air analgesia in accordance with the regulations of the Central Midwives Board and sixty-five sets of apparatus are in use. Three machines for the administration of trilene, as an alternative to gas and air, are provided. Arrangements are made for regular quarterly servicing of machines. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

Midwives qualified to administer Gas and Air Analgesia

	1961	1962
(1) Institutional Midwives:		
(a) Employed in homes and hospitals in the National Health Service	72	73
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	2	2
Totals	74	75
(2) Domiciliary Midwives:		
Employed directly by the Local Health Authority	66	65

Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives at the end of each year

	1961	1962
Used by midwives in direct employment of the Local Health Authority	66	65

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1961—1962

	1961	1962
By midwives employed directly by the County Council:		
(1) when acting as a midwife	1,249	1,069
(2) when acting as a maternity nurse	352	396
Totals	1,601	1,465

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1961—62

	1961	1962
By midwives employed directly by the County Council:		
(1) when acting as a midwife	950	794
(2) when acting as a maternity nurse	271	321
Totals	1,221	1,115

Arrangements for Ante-Natal Supervision by Midwives

As most cases are now booked by the family doctors, ante-natal supervision is given by the midwives by arrangement with them. In the rare event of midwife booked cases, routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months and weekly during the ninth month with additional visits as may be found necessary. In all cases, however, the patient is advised to book a doctor.

In addition midwives encourage their patients to attend relaxation classes and mothercraft talks at the nearest centre. This service is much appreciated both by the midwives and patients and the interest of both groups is beneficial to midwifery and child care.

Co-operation with General Practitioners

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to indicate to the midwife the degree of supervision they intend to exercise and whether they intend to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases giving credit to the midwife for extra responsibility.

In some areas in the rural parts of the county general practitioner obstetricians set aside sessions, usually one morning each week, when they do rounds with the domiciliary midwife. It is then possible for the doctor and midwife to see the patient together in the homes where the confinement will take place and this has been found to be of great benefit to the patient, doctor and midwife.

Medical Aid

The scheme for supplying medical aid to mothers and infants continues as in previous years.

Statistics

Medical Aid under Section 14 (1) of Midwives Acts, 1918—1951

<i>Cases in which medical aid was summoned during the year by Midwives</i>	1958	1959	1960	1961	1962
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	261	290	307	325	272
(ii) Others	10	8	10	10	1
(b) For cases in Institutions	9	6	2	—	—
Totals	280	304	319	335	273

Midwifery Cases Attended, 1962

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council ..	1,250	481	—	—
Midwives employed in Hospitals	—	—	2,066	919
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	4	1	—	—
Totals	1,254	482	2,066	919

As will be seen by the statistics the gradual decline in numbers of domiciliary deliveries together with an increase in hospital confinements continues.

Selection of Hospital Confinements on Social Grounds

Since the number of maternity beds was increased in the east Dorset area the question of admission on social grounds has not arisen in the county area except in a few cases in the north of the county who are for delivery in Somerset. In these cases, the home circumstances are investigated by the domiciliary midwife and recommendations made accordingly.

Statistics

Selection of Hospital Confinements on Social Grounds

<i>Source</i>	1961			1962		
	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>
Bournemouth and East Dorset H.M.C.	288	190 (66·0 per cent)	98 (34·0 per cent)	230	129 (56·0 per cent)	101 (44·0 per cent)
Other Sources	22	16 (72·7 per cent)	6 (27·3 per cent)	22	18 (81·8 per cent)	4 (18·2 per cent)

Training

Part II district midwifery training is arranged in conjunction with the Hospital Management Committees. Midwives approved by the Central Midwives Board as district teachers accept pupils in rotation as bookings permit. A pupil spends half of her six months training period on the district and in 1962 thirty-nine pupils were trained as compared with twenty-three during the previous year.

Maternal and Neonatal Deaths and Conditions Associated with Childbirth

During the year, 117 cases of puerperal pyrexia and one of ophthalmia neonatorum were notified compared with eighty-seven and five respectively in 1961. As in previous years there was no impairment of vision arising from ophthalmia neonatorum and this disease is now little more than a nuisance. An analysis of the neonatal deaths during the year reveals the following fundamental causes.

<i>Cause of Death</i>	<i>No.</i>	<i>Percentage of Total</i>
Prematurity ..	29	35.8
Birth injuries ..	13	16.0
Atelectasis ..	13	16.0
Congenital defects ..	8	9.9
Respiratory infection ..	7	8.6
Rh. factor ..	2	2.5
Others ..	9	11.2
Total	81	100

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1958—62

<i>Cases Notified</i>		1958	1959	1960	1961	1962
Puerperal Fever:	Domiciliary Confinements ..	3	15	11	7	3
	Institutional Confinements ..	47	34	51	80	114
Ophthalmia Neonatorum:	Domiciliary Confinements ..	—	—	6	—	—
	Institutional Confinements ..	1	4	2	5	1
Maternal Deaths ..		3	2	1	2	3
Neonatal Deaths ..		46	47	58	57	81

Comparison between Hospital and Domiciliary Confinements, 1958—1962

	<i>Poole Area</i>					<i>South Dorset Area</i>					<i>Remainder of County</i>					<i>Whole County</i>				
	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
1. The total number of live births notified during the year ..	1269	1193	1339	1489	1671	912	987	1035	1087	1143	1966	2024	1988	1987	1894	4147	4204	4362	4563	4708
2. The percentage of notified births which took place in hospitals and nursing homes ..	39	43	39	52	61	75	75	71	70	70	57	57	57	60	61	54	57	55	60	63
3. The percentage of domiciliary confinements ..	61	57	61	48	39	25	25	29	30	30	43	43	43	40	39	46	43	45	40	37

HEALTH VISITING (Section 24) (Table 13)

In order to achieve the maximum co-operation between the various officers working in the field, the district authority areas in the county have been taken as convenient boundaries within which the health visiting districts have been allocated. This year, the number of health visitors was up to establishment until the very end of the year when a vacancy arose in the Shaftesbury area. All health visitors are also employed as school nurses, spending an average of three sessions per week on these duties.

Routine Visiting

There have been no changes during the year. A record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinement in the county area the midwife ceases to visit on the twenty-eighth day of the puerperium, when the health visitor becomes responsible. In the Poole area health visitors take over on the fourteenth day. In cases of hospital confinement the health visitor is notified on the day of discharge and visits the home within the following few days. Known particulars of each infant, whether born at hospital or at home, are forwarded to the health visitor so that at her first visit to the home she may be familiar with the salient features of the case. Following the first visit circumstances determine the frequency of follow-up and this method of selective visiting has worked extremely well. As in previous years more time is being given to problem families and aged persons. Details of these schemes appear elsewhere in this report.

Special Visiting

School Follow-up

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. Schemes were introduced during the year for Heaf testing all school entrants for tuberculosis, as well as performing vision tests. The Heaf testing was first started in the Wimborne area as there had been several cases of pulmonary tuberculosis notified in that district and by the end of the year had become standard practice.

During the year under review health visitors have continued to give talks on health education and mothercraft to senior girls at selected secondary modern and grammar schools in the county. These talks, well received by teaching staff and pupils, have a stimulating effect on personal hygiene and are valuable in giving the girls an insight into the aims and objects of preventive medicine.

Tuberculosis

A special health visiting record card, giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts, together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three months when the disease is active and six-monthly in quiescent cases.

Poliomyelitis Vaccination

The scheme, initiated during 1956 and later expanded to include all persons up to the age of forty years, has given considerable additional work to the health visitors and the success of the vaccination programme is in no small measure due to their enthusiastic efforts.

Phenylketonuria

Health visitors performed routine tests on all infants at the age of six weeks, but no new cases were found during the year.

Care of the Elderly

The concept of the care of the family as a whole has now been well established in this county. Work is carried out with all groups in the community and the health visitors pay special attention to elderly persons. Arrangements are made to inform the aged of the services available and this work, which increases each year, is found to be time consuming.

Hospital almoners and family doctors refer cases to health visitors who in turn submit special record cards to central office where they are closely scrutinised by the two liaison health visitors and the senior medical officer for welfare services. This branch of the work has become a most important part of the social services and it is evident that a new concept of the duties of a health visitor is emerging.

Attendance at Clinics

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties; districts are so arranged that each health visitor has at least one clinic to supervise. Advice is given on the various problems raised by mothers and when necessary consultations with the clinic medical officers are arranged. Most of the children are immunised or vaccinated at the child welfare centres and when possible booster doses are given before the child reaches school age. Health education is a prominent function of the centre and in this the health visitor plays a major role.

Co-operation with General Practitioners

The co-operation between health visitors and general practitioners continues, although some general practitioners complain that health visitors are not on the telephone. This should be re-considered in the future.

Co-operation with Hospitals

In cases of early discharge from hospital where care is needed for mothers, children and old people, the hospital almoners notify either the health department or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after returning home from hospital.

In Dorchester, Poole and Weymouth, health visitors attend on rota at hospital paediatric clinics where they are able to advise the paediatrician regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. In the south Dorset area health visitors attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

Facilities for Refresher Courses

All health visitors in the employment of the County Council attend a post-graduate course of study once in five years. During the year ten health visitors attended such a course.

Training

The County Council contributes towards the training of student health visitors but no special grants or arrangements were made for health visitors during the year. In-service training is arranged from time to time.

Statistics *Summary of Visits paid by Health Visitors during 1961—1962* (excluding work as school nurse)

<i>Type of Visit</i>	1961		1962	
	<i>First Visits</i>	<i>Total Visits</i>	<i>First Visits</i>	<i>Total Visits</i>
<i>Routine Visits:</i>				
Expectant Mothers	953	1,383	1,056	1,463
Post-Natal Cases	4,266	4,633	4,243	4,656
Children under one year	4,743	26,792	4,864	29,455
Children between one and two years	245	13,935	205	14,316
Children between two and five years	468	22,022	350	22,622
<i>Special Visits:</i>				
Ophthalmia Neonatorum	1	2	—	—
Puerperal Pyrexia	—	—	1	2
<i>Care and After-Care:</i>				
Tuberculous Households	326	1,084	183	1,778
Tuberculous Patients	412	1,434	172	1,906
Mental Health	2	52	5	58
Old People	872	6,436	925	6,961
Other After-Care Visits	237	1,113	100	832
Problem Families	109	2,735	46	2,458
Other categories of Mental Illness	17	126	13	111
<i>Handicapped Persons:</i>				
General Classes	231	1,855	194	1,771
Deaf and Dumb	3	17	2	17
Hard of Hearing	—	18	—	6
Blind and Partially sighted	5	51	2	34
<i>Miscellaneous:</i>				
Maternity and Child Welfare Clinics attended	—	2,475	—	2,542
Chest Clinics attended	—	184	—	191
Lectures or Talks given	—	389	—	475
Other Home Visits	—	2,295	—	2,221

HOME NURSING (Section 25) (Table 12)

Administrative Arrangements

In Poole, Weymouth, Dorchester and Bridport staff are employed entirely on nursing duties but in the rest of the county the duties are combined with midwifery. Increasing difficulty has been experienced in filling vacancies as they arise and the position may well worsen in the future.

Co-operation with General Practitioners

Applications for the services of the home nurses are made by family doctors or through patients or relatives direct to the nurse concerned. The nurse works in close co-operation with the doctor and arrangements are made for them to meet either at the home of the patient or at the surgery in order to discuss mutual problems concerning patients.

In Poole there is a central office to deal with enquiries, especially by telephone, and the allocation of cases. This is found necessary in this populous area but it would be uneconomical for the smaller districts where the nurse can deal with her own calls.

Liaison with Hospitals

Discharge notices of patients requiring treatment are sent by the almoners in Poole to the central office and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement works well.

Refresher Courses

Ten home nurses attended refresher courses during the year.

Training

Arrangements are made through the Queen's Institute of District Nursing for selected candidates to be given special training.

Summary of Cases attended and Visits paid by Home Nurses, 1960—1962

<i>Classification</i>	1960		1961		1962	
	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Medical	5,794	118,385	5,864	122,986	5,461	122,858
Surgical	1,571	30,549	1,418	28,682	1,354	26,993
Infectious Disease	3	2	4	13	2	25
Tuberculosis	111	4,075	76	2,429	57	2,227
Maternal Complications	48	240	34	220	45	261
Others	42	407	48	545	38	586
Totals	7,569	153,658	7,444	154,875	6,957	152,950
Patients 65 or over included in above ..	4,441	87,358	4,567	91,646	4,307	89,781
Children under 5 included in above ..	335	1,794	332	1,669	316	1,974
Patients included in above with over 24 visits	1,461	104,340	1,468	98,777	1,483	102,652

Summary of Cases Attended and Visits Paid by Home Nurses, 1958—1962

<i>Number of cases attended by Home Nurses during the year</i>					<i>Number of visits paid by Home Nurses during the year</i>				
1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
7,872	7,835	7,569	7,444	6,957	160,627	158,991	153,658	154,875	152,950

IMMUNISATION AND VACCINATION (Section 26) (Tables 14—20)

Diphtheria, Whooping Cough and Tetanus Immunisation

Administrative Arrangements

A primary course consisting of three injections of triple antigen to cover diphtheria, whooping cough and tetanus is given at monthly intervals commencing at the age of three months. The scheme, started in north Dorset during 1960 and consisting of holding special immunisation clinics, provides a convenient and satisfactory protection against these diseases; a higher immunisation rate is however necessary before a satisfactory degree of overall protection within the community is obtained.

Measures to Encourage Immunisation

Lectures to selected audiences, leaflets and posters continue to be used but there is no doubt that the personal approach to parents by doctors and health visitors is the only effective method of achieving satisfactory results. As infectious diseases diminish and disappear so the difficulties of propaganda increase.

Smallpox Vaccination

Administrative Arrangements

The number of children vaccinated within the first year of life and between the ages of one to four years was 1,242 and 3,950 respectively. A total of 20,266 persons of all ages were vaccinated and 20,982 were re-vaccinated. The great increase in numbers vaccinated against smallpox was due to public concern following epidemics in other parts of the country.

Towards the end of the year the Ministry of Health suggested that the age recommended for vaccination should be altered to some time in the second year. This has been done but it will be more difficult to achieve the same rate of vaccination as children do not so regularly attend at child welfare clinics in their second year of life.

Arrangements in the event of an outbreak of smallpox

On the 15th May, 1961 the Regional Hospital Board made arrangements for Weyhill Hospital, Andover, to be equipped as the first line hospital for the reception of patients suffering from smallpox from this area and notified the closure of Crabwood Hospital which was previously used for this purpose.

In the event of an outbreak, adequate supplies of lymph are held in the County Laboratory at Dorchester and at the Medical Research Council laboratory in Poole. If mass vaccination was required, an unlikely event if modern epidemiological methods are followed, the county clinics and other suitable premises would be used for this purpose.

Poliomyelitis Vaccination

Administrative Arrangements

A steady volume of work was sustained and arrangements were made to give a fourth injection to school children between the ages of five to eleven years. Oral vaccine was used as a routine from the end of February in all county clinics and at schools.

Statistics

The following tables show the number of persons who were vaccinated against poliomyelitis during 1962:—

Class	By Oral Vaccine							
	Received three doses of oral vaccine				Received 'booster' dose of oral vaccine after two injections of Salk vaccine			
	County Area	Poole Area	S. Dorset Area	Totals	County Area	Poole Area	S. Dorset Area	Totals
Children and young persons born in years 1943-1962	1,261	1,020	395	2,676	1,957	2,430	235	4,622
Persons born in years 1933-1942	207	174	58	439	Received 'booster' dose of oral vaccine after three injections of Salk vaccine			
Others	311	375	33	719	252	872	654	1,778
Totals	1,779	1,569	486	3,834				

Class	By Salk Vaccine							
	Received two injections of Salk vaccine				Received third injection of Salk vaccine			
	County Area	Poole Area	S. Dorset Area	Totals	County Area	Poole Area	S. Dorset Area	Totals
Children and young persons born in years 1943-1962	911	122	352	1,385	3,306	450	993	4,749
Person born in years 1933-1942	217	31	101	349	Received fourth injection of Salk vaccine			
Others	270	91	53	414	874	25	102	1,001
Totals	1,398	244	506	2,148				

AMBULANCE SERVICE (Section 27) (Tables 21 and 22)

Administrative arrangements

As forecast in my last report the period during which central control operates has been extended to 10 p.m. but calls between 10 p.m. and 8 a.m. continue to be taken by police head-quarters, the Fire Service not yet being in a position to assume that responsibility.

The value of central control was fully demonstrated during the blizzards at the end of the year. Situated as it was in County Hall, with the latest information regarding road conditions readily available, the duty officer was in a position to direct vehicle movement by radio to the best advantage and to discuss with local practitioners whether some projected journey was a feasible proposition.

Efforts were continued throughout the year with some success to encourage hospitals to reduce their demands for transport. The actual number of patients carried increased by 2,441 but this is more than accounted for by an increase in the number of sub-normal pupils conveyed to training centres. The total number of patients carried, excluding those pupils, was in fact 1,766 less than in 1961.

The appointment of a full-time hospital transport officer, with past experience of ambulance work, at one of the larger hospitals was discussed with the Regional Hospital Board. It is hoped that such an appointment may be introduced on an experimental basis before the end of the current year.

The number of long distance road journeys tends to increase, one reason being the large number of patients now conveyed from Herrison Hospital for electro encephalograph tests at the Burden Neurological Institute, Bristol. It is estimated that £500 per annum might be saved were facilities for such tests to be installed at Herrison Hospital.

One additional driver was appointed at Wimborne to meet a new commitment for the transport of sub-normal pupils to Poole Training Centre. A further additional driver was appointed to act as relief driver for the county. This latter appointment should ease the situation considerably when drivers at the smaller stations are temporarily off duty and will reduce over-time at the main stations during the leave season.

A further total increase of ten or more drivers is foreseen during the next ten years consequent on the probable limitation of stand-by, the possible introduction of a forty hour week and other factors.

Some difficulty was experienced in obtaining the services of voluntary attendants and in consequence call-out fees will be considerably increased with effect from the 1st April 1963. Drivers' wives are also being encouraged to qualify in first aid so that they may accompany their husbands as attendants in ambulances.

The hospital car service in the course of the year again carried approximately the same number of patients as the ambulance service but covered considerably more mileage. One weakness of this service was at once apparent when snow and ice made driving a hazardous venture. Under those circumstances full-time drivers of the ambulance service did all that was required of them and more but a hospital car driver, driving his own light car, could hardly be expected to function under such conditions nor in most cases was it possible for him to do so. In consequence it was necessary to cancel much of the routine work.

The hospital car service however has many advantages which should not be overlooked. It is flexible and economical and forms a large reserve of transport available to meet sudden needs under normal driving conditions. In the influenza outbreak of 1959 for instance when many full-time drivers were themselves infected the value of such a reserve was very evident.

Training

A well attended course in advanced first aid was held in Dorchester during the Autumn. A second course, due to be held in Poole for drivers and attendants in east and north Dorset, has been postponed until next March owing to the inclement weather.

Arrangements have been made for drivers and vehicles of the full-time ambulance service to take part in civil defence exercises at week-ends in conjunction with the Civil Defence Corps. One large scale exercise, in which the Army, the Civil Defence Corps and the full-time ambulance service all took part, was held recently.

The names of fifty-four drivers were entered for the National Safe Driving Competition and of these forty-nine received awards.

Ambulance Stations

The new station at Sturminster Newton, destined in time to become the main station for north Dorset, was completed.

The ten year development plan provides for the construction of new ambulance stations at Wimborne during the financial year 1964/65, West Moors in 1966/67 and at Wareham and Lyme Regis in 1968/69.

A site for a new ambulance station, with accommodation for central control, is to be included when plans for the new district hospital at Dorchester are under consideration.

In future separate staff facilities for female driver/attendants will be provided at all ambulance stations where three or more vehicles are garaged. The engagement of female driver/attendants will also be borne in mind when vacancies occur.

Vehicles and equipment

Two second-hand twenty-four seater buses were purchased for the conveyance of sub-normal pupils from the Wimborne area to Poole Training Centre.

No new ambulance vehicles were purchased during the year but one Austin sitting case vehicle for eleven patients, two Austin ambulances and one Austin dual purpose vehicle will be delivered in the early Spring.

The vehicle establishment was increased by one, a second ambulance now being garaged at Wareham.

Emergency fall-out windows are being provided in all vehicles where the only means of exit is through the rear doors.

All remaining wooden stretchers will be replaced by light aluminium stretchers within the next two years.

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1952	378,199	+14,471	376,526	—8,721	754,725	+5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
1954	434,659	—5,953	420,231	+31,240	854,890	+25,287
1955	459,421	+24,762	471,308	+51,077	930,729	+75,839
1956	443,576	—15,845	501,109	+29,801	944,685	+13,956
1957	448,778	+5,202	482,494	—18,615	931,272	—13,413
1958	461,046	+12,268	577,098	+94,604	1,038,144	+106,872
1959	487,746	+26,700	612,880	+35,782	1,100,626	+62,482
1960	487,922	+176	640,262	+27,382	1,128,184	+27,558
1961	527,136	+39,214	714,147	+73,885	1,241,283	+113,099
1962	518,983	—8,153	740,794	+26,647	1,259,777	+18,494

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1953	10·01	1·77	9·13	3·05
1954	9·40	1·88	9·47	3·11
1955	9·37	1·97	9·61	3·00
1956	9·36	2·02	9·49	3·07
1957	8·98	2·23	9·83	3·00
1958	9·18	2·32	9·70	3·02
1959	8·35	2·66	9·77	3·02
1960	7·65	2·81	9·30	3·18
1961	8·37	2·63	9·82	3·24
1962	8·37	2·59	10·16	3·14

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness and for the after-care of patients generally.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations 1952 a central register is maintained at the county health department. Health visiting cards are issued for each new case, the home being visited initially and thereafter at three monthly intervals, more frequently if necessary, until the case becomes quiescent. Close co-operation is maintained between the district medical officers, health visitors, and chest physicians. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient the medical practitioner is communicated with and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

Employment

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The County Council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres, but no cases were admitted to the Enham Alamein village centre during the year.

Statistics

Tuberculosis—Care and After-Care

	1958	1959	1960	1961	1962
Number of visits paid by Health Visitors ..	2,814	2,415	1,328	1,434	1,906
Number of shelters provided ..	4	4	3	3	2
Number of patients receiving milk grants ..	55	57	52	41	30
Total number of pints of milk issued ..	17,792	19,065	17,714	15,343	12,268
Average number of pints of milk per day issued ..	48.7	52.2	48.4	42.0	33.6

B.C.G. Vaccination of Tuberculosis Contacts

In this scheme the contacts of persons suffering from tuberculosis are given a preliminary skin test by the chest physician and, if as a result of this are considered suitable, are vaccinated. During 1962 a total of 283 children received this protection compared with 311 in 1961.

Statistics

	1958	1959	1960	1961	1962
Number of contacts successfully vaccinated	390	328	394	311	283

B.C.G. Vaccination of Schoolchildren

The year was notable for further progression in the campaign against tuberculosis. Altogether 4,347 thirteen-year old children were tested and 3,883 vaccinated. Only 6.6 per cent were positive as against 10.7 per cent in the previous year.

Arrangements were again made for these positive children to be followed up by chest x-ray.

Statistics

Summary relating to B.C.G. Vaccination over a period of five years.

	1958	1959	1960	1961	1962
Number of schools visited ..	56	68	53	46	77
Number of children eligible ..	2,266	5,942	4,579	4,546	5,801
Number of parental consents ..	1,753 (77.3 %)	4,333 (81.3 %)	3,789 (82.7 %)	3,726 (81.9 %)	4,647 (80.1 %)
Number of children Mantoux tested	1,601	4,174	3,689	3,410	4,347
Positive reactors ..	237 (14.8 %)	455 (10.9 %)	401 (10.8 %)	365 (10.7 %)	289 (6.6 %)
Negative reactors vaccinated ..	1,347	3,673	3,194	2,935	3,883
Absentees ..	141	159	225	316	447

Mass Miniature Radiography

As in previous years mass miniature radiography has been undertaken in the county by the Dorset, West Hampshire and South Wiltshire unit of the Wessex Regional Hospital Board and I am indebted to the medical director for details of the work in this area. The main centres of population are visited regularly and visits paid to places of work, schools, etc. A considerable amount of preparation and publicity is undertaken before a local campaign is launched and the units staff work in close co-operation with the district medical officers of health, county health department, school teachers, employers of labour and others. The circuit of the 35 mm. unit covers areas outside the county and takes two to three years to complete.

Odelca Camera Unit

In addition to the work carried out by the 35 mm. unit, the Regional Hospital Board provided a 100 mm. Odelca Camera Unit which is installed in a motor vehicle complete with office space, generating its own power, and staffed by one radiographer and one clerk. During the year 8,099 examinations were carried out.

This unit is primarily intended for those who have complained of chest symptoms and been referred for x-ray by general practitioners. The unit is also used for surveys in small factories and institutions, routine x-ray of hospital staffs and is available to local health authorities for pre-employment examination; it is also used for the routine examination of naval personnel in Weymouth.

Table I (35 mm. and 100 mm. units)

Total number of cases examined	35 mm.	100 mm.	Total
Number referred to chest clinic, family doctor or hospital	19,516	8,099	27,615
Number with definite or probable tuberculosis	76	285	361
Number with other conditions	19	45	64
	57	240	297

Table II

Ultimate Diagnosis and Disposal of cases referred to Chest Clinic

Number of cases referred to the appropriate Chest Clinic as probably tuberculous—19 from 35 mm. film; 150 from 100 mm. film.

	Male		Female		Total	
	35 mm. film	100 mm. film	35 mm. film	100 mm. film	35 mm. film	100 mm. film
Number of cases diagnosed as active pulmonary tuberculosis and recommended for hospital treatment	1	6	2	3	3	9
Number of cases diagnosed as active pulmonary tuberculosis and recommended for domiciliary treatment	1	3	3	1	4	4
Number of cases diagnosed as tuberculosis requiring supervision	8	19	4	13	12	32
Carcinoma of lung (primary)	—	18	—	3	—	21
Number of cases diagnosed as non-tuberculous	—	48	—	31	—	79
Number of cases not yet classified	—	4	—	1	—	5
	10	98	9	52	19	150

Table III

Diagnosis and Disposal of Non-tuberculous cases

	Male		Female		Total	
	35 mm. film	100 mm. film	35 mm. film	100 mm. film	35 mm. film	100 mm. film
Cardiovascular lesions	6	24	10	23	16	47
Carcinoma of lung	8	18	—	3	8	21
Other non-tuberculous conditions	20	100	13	67	33	167
	34	142	23	93	57	235

Table IVa

Age groups examined and incidence of active pulmonary tuberculosis—35 mm. film

	Under 14	14	15—19	20—24	25—34	35—44	45—54	55—59	60—64	65+	Total
Males:											
Examined	4	—	2,233	702	1,669	2,011	1,720	706	559	614	10,218
Active Cases	—	—	—	1	—	—	—	—	—	1	2
Females:											
Examined	3	—	1,976	705	1,493	1,708	1,603	602	566	615	9,298
Active Cases	—	—	1	—	2	—	1	—	1	—	5

Table IV (b)

Age groups examined and incidence of active pulmonary tuberculosis—100 mm. film

	Under 14	14	15—19	20—24	25—34	35—44	45—54	55—59	60—64	65	Total
Males:											
Examined	70	35	784	1,021	999	753	629	228	184	250	4,953
Active Cases	—	—	1	1	1	1	2	—	3	—	9
Females:											
Examined	65	20	509	438	581	562	516	181	117	157	3,146
Active Cases	—	—	—	—	3	—	—	1	—	—	4

Mental Health

Administrative Arrangements

The Mental Health Sub-Committee continued to administer the mental health services, apart from those in Poole which were delegated to the Poole Borough Council. The residential services, however, remained the responsibility of the Sub-Committee and the senior officer for mental health performs that office for both authorities. This proved to be of considerable advantage in promoting a unified service in matters of interest to both Councils. The statistics given in the tables to follow apply to the whole county, including Poole.

So far as field officers are concerned, the county is divided into four main districts—Poole Borough, East, Central and West Dorset and a senior district welfare officer has charge of each of these districts. In central Dorset there are also six district welfare officers on the establishment.

During the year the district welfare officers in Poole became whole-time mental welfare officers, and the officers for east Dorset took over the general welfare work in the Borough. At the same time the Borough Council authorised two members of their administrative staff to act as part-time mental welfare officers mainly for the purpose of providing a self-contained rota scheme for weekend standby duties. This arrangement made it possible to revise the county rota scheme, and while each officer continues to be responsible for work arising out of normal office hours in his district during the week, a system of one weekend's duty in five has been introduced.

The trainee district welfare officer continued to gain experience in all parts of the county until September, when she was seconded to the two-year course in general social work training at the North Western Polytechnic, London.

Several staff conferences were held which were valuable in keeping officers informed of developments in the service and in suggesting improvements thereto. One of the field officers attended a refresher course held at Bristol University.

Improved office accommodation was provided in two districts, the officers in Poole and central Dorset being based in the new central clinics opened during the course of the year at Poole and Dorchester. Only in east Dorset does the district welfare officer work from his own home, and this situation will be remedied with the erection of the new clinic scheduled to be built in Wimborne.

Co-ordination with the Regional Hospital Board

A good relationship has been fostered with Herrison Hospital which receives mentally ill patients and with the Royal Western Western Counties and Coldeast and Tatchbury Mount Hospitals which cater for the needs of Dorset subnormal patients. Several members of the Mental Health Sub-Committee are members of the Management Committees which are responsible for the administration of these hospitals and my Deputy is also a member of the Coldeast and Tatchbury Mount Group Hospital Management Committee.

The Wessex Regional Hospital Board was kept fully informed of the demand for hospital beds for subnormal patients so as to assist the Board in its plans for future hospital provision in this field. It is noted that the Ministry of Health and the Nuffield Provincial Hospitals Trust are to finance a research project in mental subnormality which should provide the essential information required for proper planning in the Board's area.

An excellent liaison was effected with the medical staff at Herrison Hospital and towards the end of the year weekly case conferences were introduced which the officers were invited to attend. Every effort was also made to co-operate to the fullest extent in the changes which followed the absorption of St. Ann's Hospital, Canford Cliffs into the Herrison group of hospitals and the consequent extension of the hospital catchment area to include Bournemouth and Christchurch.

The Digby-Wonford Hospital continued to admit mentally ill patients from Lyme Regis, the only part of the county within the area of the South Western Regional Hospital Board.

Mental Illness

The steep rise which had been taking place in the number of persons admitted to hospital for treatment for mental illness over the past few years was not maintained. There was, in fact, a slight drop in the numbers, 978 patients having been admitted from the county as against 991 in the previous year, which figure was the highest ever recorded. It is, of course, too early as yet to say whether this signified that the peak figure in hospital admissions has been reached. The 978 patients were admitted as follows:—

Informal		Observation		Treatment		Emergency		Court Orders		Total	
Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
278	442	17	34	18	33	62	90	4	—	379	599

Of these, 292 were known readmissions of patients who had received treatment for mental illness on previous occasions. This figure, high as it is, may still be incomplete as information regarding all admissions and discharges does not reach the local authority.

The year was especially remarkable for a continued increase in the number of patients referred for after-care following discharge from hospital, 326 having been referred in this way as against 171 in 1961. In all, 372 patients were being visited by the mental welfare officers at the end of the year and reports were submitted after each visit, copies being sent to the doctor responsible for the patient during the period of hospital treatment. In relating the marked increase in after-care cases to the number of readmissions referred to above, it is clear that there is an undoubted need for improved community care services, particularly in the provision of trained social workers to support those vulnerable to mental illness.

One patient was placed under guardianship on the authority of a court order.

A noteworthy innovation was the establishment of a therapeutic social club in Poole. This was held weekly in Branksome Clinic and there was an average attendance of approximately twenty-five at the end of the year. Valued assistance in launching the club was given by doctors from St. Ann's Hospital who encouraged a number of hospital patients to take advantage of its amenities. A diversity of interests was provided, such as table games, music, dances and social evenings, discussions, play reading, etc.

Mental Subnormality

Seventy new cases were referred and found to be subnormal or severely subnormal as follows:—

Subnormal				Severely Subnormal				Total	
Under 16		Over 16		Under 16		Over 16			
Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
11	12	7	13	11	9	2	5	31	39

The mental welfare officers paid regular visits to the 542 patients resident in the community who were receiving friendly guidance at the end of the year. These were classified as follows:—

<i>Subnormal</i>				<i>Severely subnormal</i>				<i>Totals</i>			
<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>	
<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
11	10	72	47	71	48	116	167*	82	58	188	214

*including three under guardianship

Twenty-five long stay patients were admitted to hospital as follows:—

<i>Hospitals</i>	<i>Male</i>		<i>Female</i>		<i>Totals</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
St. Mary's Home ..	—	—	—	4	4
Tatchbury Mount ..	5	6	—	—	11
Coldeast	2	—	2	5	9
Royal Western Counties	—	—	—	2	2
	7	6	2	11	26

By the end of the year thirteen patients were awaiting long term hospital care, five of whom were regarded as urgent.

The availability of hospital beds for short stay accommodation was again disappointing, only eight patients being accepted on this basis during the year. However, use was made of private homes in fourteen cases, the County Council accepting financial responsibility for maintenance.

In March a training centre for the mentally subnormal in the north of the county was opened at Sturminster Newton, a former school building being rented for the purpose, and by the end of the year there were twenty-seven pupils on the register. The centre caters for children living within some twelve miles radius of the town and virtually the whole of the county is now covered for training centre purposes. Whilst it will remain expensive to bring in new cases from the more isolated parts, no pupils are at present deprived of training solely on account of transport difficulties. Should occasional cases of this nature arise in the future, consideration will be given to admitting them on a five day week basis to a hostel which is to be opened at Weymouth in the spring of 1963.

By the end of the year the new training centre at Weymouth was well on the way towards completion and it was hoped that it would be available for use towards the end of May, 1963. These more capacious premises will be a great asset as the existing building is grossly overcrowded, resulting in a waiting list for admission.

Accommodation difficulties continued to be encountered at Poole Training Centre, and it was unfortunate that an unavoidable delay arose in the purchase of the proposed site for the new adult and junior centres which are to cater for pupils from the Borough and east Dorset. Despite this difficulty, however, it was possible to form an additional nursery class, an extra assistant supervisor and nursery attendant having been appointed for this purpose.

The training centre established at Bridport during the previous year continued to function effectively despite the cramped quarters, and we are grateful to the Parochial Church Council, who own the premises, for their assistance in granting us use of other parts of the building whenever needed. An improvement in the conditions can be anticipated, however, as a site has been acquired for a new centre which it is proposed to build within the next five years or so. At the end of the year active measures were being taken to obtain a site for a new training centre at Sturminster Newton.

I would like to pay tribute to the generosity of a number of local organisations and private individuals who have made gifts of money and in kind to each of the training centres. For instance, a firm of confectioners in Poole provided a record player for the training centre there and a motor cycle club donated a cine projector and screen to the Bridport Training Centre. This interest in the progress of the centres and the welfare of the patients augurs well for future relationships with the general public.

A rather tenuous arrangement for the provision of speech therapy for the pupils at Weymouth Training Centre continued throughout the year, but it is likely that this will run into difficulties in the near future. This, of course, is not surprising as it is well known that there are insufficient speech therapists available to provide for the needs of children in the education system who normally have the first call upon their services.

A number of children resident on a long term basis at the Hawthorn Lodge Cheshire Home for Mentally Handicapped Children, Dorchester, continued to attend Weymouth Training Centre by arrangement with the local health authorities responsible for their maintenance in the home.

At the end of the year, 207 pupils were receiving training in the county centres as follows:—

<i>Training Centre</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Bridport	8	4	5	5	22
Poole	27	16	25	25	93
Weymouth	20	23	9	13	65
Sturminster Newton ..	14	3	4	6	27
Totals	69	46	43	49	207

One supervisor and one assistant supervisor attended the National Association for Mental Health refresher course at Sheffield and the trainee assistant supervisor at Weymouth Training Centre was seconded to the Association's one-year residential course at Bristol for the Diploma of Teachers of the Mentally Handicapped. One supervisor was also taking a course in the Montessori methods of education for nursery schools.

The earlier efforts to obtain a regular supply of out-work from local industrialists continued, but some difficulty was encountered, mainly as a result of the trade recession and the scarcity of light industry in Dorset. It is hoped, however, that suitable work will be found as purpose-built premises become available which will provide better facilities for undertaking a wider range of out-work. In the meantime the centres continued to give training in many useful handicrafts and several awards were obtained at exhibitions held throughout the county.

The introduction of a handicapped children's diagnostic clinic at Dorchester, in co-operation with the consultant paediatrician, has proved to be most useful, and mentally retarded children are referred to the mental health section.

The home teaching service in West Dorset was wound up as a result of the establishment of the training centre at Sturminster Newton, the home teacher taking over as supervisor of the new centre. The remaining home teacher, who operates in Poole and East Dorset, regularly visited some forty-five mentally subnormal patients in their homes. Twenty-five of them were accommodated in a private residential home at Lytchett Matravers, the handicraft instruction providing a very useful adjunct to their care. The remainder are almost exclusively older patients who would not take kindly to a training centre routine, never having been used to group activities.

Good use is being made of the spastics centre provided by the Bournemouth and Poole Spastics Society in Alder Road, Poole. Although catering mainly for spastic children who are still in the education system, provision is made for ineducable children and financial responsibility has been accepted in suitable cases so that they might receive specialised training such as speech and physiotherapy which would not be available at the training centre.

Registration of Homes

Two more residential homes for mentally disordered persons were registered during the course of the year, making a total of three which between them provided for sixty-seven residents. A fourth home at Lytchett Matravers (referred to above) accommodates twenty-five mentally subnormal women and this home was in the process of being registered at the end of the year. The arrangement whereby the County Council accepted financial responsibility for the majority of these residents continued throughout the year and provided a useful means of accommodating persons who would otherwise be occupying hospital beds. The fact that they are happily settled in a private residential home underlines the need for the local authority to provide hostels of this nature for residents who do not require medical care or nursing treatment but merely a stable, sympathetic home atmosphere.

Statistics

The 1,003 mentally subnormal persons on the register at the end of the year were dealt with as follows:—

	<i>Under 16 years</i>		<i>16 years and Over</i>		<i>Totals</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Visited at home	82	58	188	211	539
Under guardianship ..	—	—	—	3	3
In hospitals	37	30	220	174	461
Totals	119	88	408	387	1,003

The 461 hospital patients were distributed as follows:—

<i>Hospital</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Totals</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
<i>Within Wessex Regional Hospital Board Area</i>					
Coldeast Hospital ..	18	21	6	42	87
Tatchbury Mount ..	7	—	75	—	82
Port Bredy ..	—	—	—	20	20
Field Place Home ..	4	6	—	—	10
St. Mary's Home ..	—	—	—	4	4
<i>In other Regions</i>					
Royal Western Counties ..	—	—	62	34	96
Hortham ..	1	—	50	53	104
Botleys Park ..	—	—	1	3	4
Budock Hospital ..	—	—	3	—	3
Fountain Hospital ..	3	—	—	—	3
Harperbury ..	—	—	—	1	1
Rampton and Moss Side ..	1	1	6	3	11
Royal Earlswood ..	2	2	1	—	5
South Ockendon ..	—	—	2	—	2
St. Lawrence's ..	—	—	—	2	2
Royal Hostel ..	—	—	—	1	1
Sandhill Park ..	—	—	2	1	3
Stoke Park ..	—	—	8	8	16
Liseux Hall ..	—	—	1	—	1
St. Raphael's ..	—	—	1	—	1
Darenth Park ..	—	—	1	—	1
Leavesden Hospital ..	—	—	—	1	1
Totterdown Hall ..	—	—	—	1	1
Forest Hospital ..	1	—	1	—	2
Totals	37	30	220	174	461

Ten-year Development Plan

A comprehensive capital programme for the development of the mental health services in the county was drawn up during the year. In all there are eighteen separate projects, starting with the new training centre in Weymouth which will become available in the spring of 1963. New premises are proposed for the Poole and Bridport training centres within the first five year period and it is also intended that hostels for subnormal persons, homes for the elderly mentally infirm and an after-care hostel for persons recovering from mental illness shall be provided during this time.

The second half of the plan will include the replacement of the training centre at Sturminster Newton, further hostels for the subnormal and homes for the elderly mentally infirm together with hostels for the mentally ill who do not require hospital care but are unemployable and cannot be classified as aged.

It is not possible at this stage to say whether the demand will prove that all these projects are ultimately necessary, but the plan has been drawn up on the basis of the needs of known cases in the community and on information supplied by the hospital authorities regarding patients already in their care who would be considered suitable for local health authority residential establishments if available at the present time. There can be no doubt that, owing to the lack of alternative facilities, there are several hundred county patients suffering from various types of mental disorder who have had to remain in hospitals beyond the time when they no longer need medical treatment or nursing care. It is with a view to catering for this type of person that the development plan for the provision of homes and hostels is being pursued, so that they might remain in the community and reside much nearer to their homes than is possible whilst they are patients in hospitals which have such vast catchment areas.

Other Illness

After-Care

In exercising their functions under this heading, the Dorset County Council utilises the services of the Dorset Branch of the British Red Cross Society whose organisation caters for the requirements of persons where their needs are attributable to illness. Arrangements are made to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Cases are referred from many and varied sources and the Council is fortunate in having the services of two experienced health visitors whose principal duties are to co-operate with the hospital and specialist services in order that the requirements of cases due for discharge can be accurately assessed and arrangements made for the provision of medical equipment or nursing aids when needed.

The County Council's holiday home scheme caters for persons who, after illness, require a period of rest, change of scenery, good food and fresh air to restore them to normal health but who require no medical treatment or nursing attention. Cases are considered for admission on the recommendation of a hospital physician, general practitioner, or assistant county medical officer. The homes used are run on a private non-profit making basis and the County Council exercise their powers to recover from persons availing themselves of this service such charges as are considered reasonable having regard to their means.

During the year under review arrangements were made for the admission of twenty-three female and one male patient to suitable holiday homes.

	1958	1959	1960	1961	1962
<i>Home Visiting:</i>					
Number of home visits	5,124	4,967	4,983	3,142	5,872
Number of new cases seen ..	149	114	135	111	119
<i>Articles Supplied:</i>					
Special invalid foods	736	550	709	421	741
Bedding	79	61	68	42	81
Handicraft Materials	901	808	780	673	668
Medical Aids and Comforts ..	No figures available	252	306	661	538

Venereal Disease

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board centres but these facilities are seldom used.

The number of Dorset patients dealt with for the first time during 1962 at treatment centres was 245, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth	—	6	32	38
Dorchester	1	2	21	24
Poole	—	31	85	116
Salisbury	—	—	3	3
Weymouth	1	11	52	64
Yeovil	—	—	—	—
Totals	2	50	193	245

The number of cases of syphilis and other conditions notified has decreased but gonorrhoea shows an increase.

*Domiciliary Care of Old People**General Arrangements*

The work of health visitors among elderly persons continues to increase. The health visitors are encouraged to keep in close consultation with general practitioners concerning any of their patients where this is indicated and as all their work is supervised by the two liaison health visitors this ensures close co-operation with the hospital authorities and all other sections of the department. The greatest importance is placed on encouraging elderly persons to lead an independent life in their own homes and the Council co-operate with local housing authorities in the provision of special dwellings for old people. The home nursing and domestic help services have been used as fully as possible and the meals on wheels service continues to increase. In the Poole area there are laundry facilities for the elderly as an adjunct to the domestic help service. When all domiciliary care becomes insufficient admission to residential accommodation is recommended, but the waiting list remains long and cases have to be admitted according to the degree of urgency.

Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service and the Council are much indebted to the members of this organisation who give so much time to the work. The service plays an important part in the domiciliary care of old people; the meals are much enjoyed and appreciated by them, as also is their friendly contact with the helpers. During the year the service was introduced into six new areas.

Statistics

The number of persons receiving meals each year since the scheme started was:—

<i>Area</i>	1955	1956	1957	1958	1959	1960	1961	1962
Blandford Borough and Rural ..	—	—	—	—	—	9	—	22
Bridport Borough and Rural ..	21	45	39	50	37	31	40	54
Corfe Castle	—	—	—	—	7	8	10	8
Dorchester Borough	14	16	12	29	18	11	33	39
Ferndown	—	7	8	—	—	—	—	4
Lyme Regis	—	—	—	—	—	—	7	11
Lytchett Matravers	—	—	—	—	—	—	—	3
Maiden Newton	—	—	—	—	—	—	—	3
Pamphill	—	—	—	—	—	—	—	2
Piddlehinton and Piddletrenthide ..	—	—	—	—	—	—	—	3
Poole	52	101	151	183	110	84	207	174
Portland	—	—	—	—	—	20	38	40
Sherborne	—	—	—	—	—	—	—	30
Swanage Urban and Rural	—	—	—	—	18	15	36	33
Wareham	—	—	—	—	—	—	—	25
Weymouth	36	71	86	88	67	54	131	151
Totals	123	240	296	350	257	232	502	602

Old People's Dwellings

It is well known that in preference to being admitted to accommodation for old persons most of the elderly prefer to remain for as long as possible in their own homes in the area in which they have friends and social contacts. To assist them in this, the County Council have for many years sought to co-operate with local housing authorities in the provision of dwellings provided with welfare facilities specially suited to the needs of old people.

In 1951 the County Council first approved contributions being made towards expenses incurred by a district council in the provision of old people's dwellings. The present scheme provides for the following contribution rates:

- (a) £30 for each dwelling in a group of dwellings where a full-time warden service and the requisite structural welfare facilities are provided.
- (b) £32 (in lieu of £30) for each dwelling coming within category (a) above, where, in providing a full-time warden service, the district council employs a deputy to act in the absence of the warden and in an emergency.
- (c) £20 for each one or two-bedroomed unit of accommodation in the same locality or each isolated one or two-bedroom dwelling, with a modified warden service and the requisite structural welfare facilities.

District councils have complete freedom in the choice of tenants of the dwellings but the contributions are made only in respect of those dwellings which are occupied by old people who, on a medical assessment, are approved by the county medical officer of health as being, or likely within a reasonable time to be, in need of the welfare facilities which the dwelling affords. The scheme allows for the continuance of a contribution in special circumstances in which a dwelling is occupied by a tenant who cannot be regarded as being in need of the accommodation on medical grounds. There is also a joint assessment of the housing waiting lists of district councils and the County Council's records of old people so that a realistic estimate can be made as to the need for special dwellings and of the number of tenants who could be approved for contribution purposes.

The scheme contains details of the structural welfare facilities considered desirable and the minimum facilities acceptable for contribution purposes are specified.

The duties of the wardens are determined by the district councils by whom they are employed but the County Council require that wardens shall see the residents periodically and be responsible for taking appropriate action in any situation requiring attention. Where a full-time warden service is provided the warden is required to be available by call-bell or other system and to ensure that someone is nominated to deputise for him in his absence.

Statistics

The following dwellings provided or proposed to be provided by district councils especially for old people have been approved for contribution purposes subject to the specified conditions relating to occupancy and welfare facilities.

<i>Local Authority</i>	<i>Number of Dwellings</i>
Blandford B.C.	14
Blandford R.D.C.	75
Dorchester B.C.	22
Poole B.C.	45
Shaftesbury R.D.C.	25
Shaftesbury B.C.	11
Sherborne U.D.C.	48
Sturminster R.D.C.	62
Wareham and Purbeck R.D.C.	11
Weymouth B.C.	55
Wimborne U.D.C.	16
	396

The County Council has also approved, subject to certain requirements, annual financial contributions totalling £1,418 to Alms-house Trusts and a Housing Society which together provide special accommodation of various kinds for approximately sixty old people.

Admission of Chronic Sick Cases to Hospital

During the year co-operation with the hospitals has been maintained. In the area of the Bournemouth and East Dorset Group Hospital Management Committee the existing arrangements have been continued and patients placed on the waiting list for chronic sick beds have been visited by health visitors. A report is sent to the hospital on home conditions together with an opinion as to the need for priority of admission on social grounds.

Under the arrangements previously reported, all cases in the West Dorset Group Hospital Management Committee's area placed on the waiting list for a chronic sick bed have been visited by one of the senior medical officers. In a number of cases it has been found possible to admit persons to residential accommodation instead of to a hospital bed in agreement with the general practitioner concerned. Where it is obvious that a patient may have to wait some time before admission to hospital every attempt is made to provide any necessary domiciliary service that may be available. Close consultation is maintained with the group almoner over the transfer of cases from acute to chronic sick hospital beds. Co-operation with the Salisbury Group Hospital Management Committee has continued and this group accepts cases from certain parts of the north of the county. In this area health visitors report on the social conditions of patients on the chronic sick hospital waiting list.

All these hospital management committees are asked to notify the county medical officer of health at as early a date as possible of any elderly patient likely to be discharged from hospital. Arrangements can then be made for a health visitor to visit the home and arrange for any necessary domiciliary service which may be required. In some cases it has been possible to prevent the return of a patient to a most unsuitable home; such a case usually means that residential accommodation must be offered as soon as possible.

*Hospital Management Committees—Chronic Sick Admissions
West Dorset Group*

<i>Requests for admission</i>	<i>Admissions to chronic sick hospitals</i>	<i>Assessed for Part III</i>	<i>Withdrawals—deaths, transfers to other areas</i>	<i>Waiting list at 31.12.62</i>
574	348	40	118	18

<i>Hospital Management Committee</i>	<i>Requests for investigation of home conditions</i>	<i>Requests cancelled through decease, etc.</i>	<i>Recommended for priority admission</i>	<i>Not Recommended for priority admission</i>
Bournemouth and East Dorset Group ..	195	37	148	18
Salisbury Group	8	1	4	4

*Chiropody**Prevention of Illness*

During the year there has been a continued heavy demand for the chiropody service, which was started in 1959 following the decision of the Minister of Health to relax the restrictions which had hitherto existed.

The service is provided on the County Council's behalf by the Dorset Branch of the British Red Cross Society with the help of a substantial financial grant. Local chiropodists are engaged by the Society and sessions are held at the County Council's clinics and other conveniently situated premises throughout the county. Patients are seen by appointment and a nominal charge of 2/6d. is made towards the cost of the chiropodists' fees, dressings and drugs. Free transport is arranged when necessary. Priority is given to elderly and physically handicapped persons and expectant mothers.

By the end of the year, clinic sessions were held as follows:—

<i>Town</i>	<i>Number of three-hourly sessions per quarter</i>	<i>Number of patients registered</i>	<i>Waiting List</i>
Blandford	48	125	—
Bridport	36	206	—
Charmouth	6	47	3
Dorchester	34	218	3
Gillingham	24	96	—
Lyme Regis	7	47	—
Marnhull	6	26	—
Hamworthy	26	147	4
Maiden Newton	11	69	1
Poole	50	526	38
Shaftesbury	17	72	—
Shillingstone	6	21	—
Sherborne	10	66	5
Stalbridge	6	25	—
Sturminster Newton	12	36	—
Swanage	50	273	—
Verwood	9	58	—
Wareham	13	98	—
Total	371	2,156	54

Prevention of Break-up of Families

This important work has continued on the lines previously described and the combined efforts of the various officers and others concerned has undoubtedly been largely instrumental in preventing the disintegration of a number of families. The health visitors in particular and the district social services officers play a prominent part in this work and the success of their efforts is more often to be found in a steady improvement of a situation over a long period, or the prevention of its further deterioration, than in a readily apparent solution of the problem.

Arrangements have been made for the early notification by district councils of tenants in arrears with their rent, the supervision of such families by the County Council's welfare officers, the payment to district councils of any loss which they might suffer through continuing to house unsatisfactory tenants for a specified period and the payment of a contribution towards extraordinary dilapidations caused by such tenants.

There is a scheme whereby certain district councils undertook to provide intermediate accommodation, it being intended that a family becoming homeless in the area of any district council participating in the scheme shall be placed in the nearest vacant unit of accommodation on the understanding that they will be rehoused within six months by the district council in whose area they became homeless. The County Council undertakes to meet, by way of contribution under Section 56 of the Local Government Act, 1958, the financial deficiency incurred by the district councils in providing the intermediate accommodation and carries out any necessary rehabilitative work with the families concerned. The scheme provides for joint meetings between representatives of the County Council and district councils.

The joint scheme already in operation with the Poole Borough Council continues. This provides for the temporary accommodation and rehabilitation of problem families by the County Council and for their rehousing by the Borough Council. Other homeless families are placed in intermediate accommodation provided by the Borough Council, the County Council meeting the financial deficiency. When such action is deemed to be necessary case conferences, to which all interested persons are invited, are convened by the appropriate district medical officer.

Statistics

<i>Classification</i>	<i>On Register 1.1.62</i>	<i>Registered during 1962</i>	<i>Removed during 1962</i>	<i>On Register 31.12.62</i>	<i>Case Conferences</i>
Problem families	117	8	4	132	—
Potential problem families ..	54	10	1	63	2
Totals	171	18	5	194	2

Diabetic Screening

The decline in the morbidity and mortality from infectious disease means that more attention can now be given to other forms of illness such as diabetes.

The results of many previous surveys make it probable that there are two thousand undetected diabetics in Dorset, many of whom are likely to develop complications such as coronary thrombosis, gangrene and blindness before the diagnosis is made.

The consequence of failure to detect diabetes in the earliest and pre-symptomatic age are serious as the longer the period before the disease is diagnosed the greater the incidence of complications.

After discussion with the Local Medical Committee and hospital consultants the Health Committee decided to start a pilot scheme of diabetic screening in April 1963.

The work will be concentrated on those groups which might be expected to contain a large number of previously unknown diabetics.

These groups include:—

1. Relatives of known diabetics.
2. Mothers of over-large babies.
3. Those persons who are overweight and/or over forty.

Previous similar work has caused no more alarm than mass radiography and it is felt that with a disease in which the treatment is so successful the public would willingly co-operate.

The largest group at risk is probably that of the relatives of known diabetics, where one parent or a close relative is suffering from the disease the incidence rate amongst the children may be as high as twenty per cent.

Sixty per cent of parous diabetic women give a history of having given birth to a child over 10 lb. in weight and these women will also be checked for glycosuria.

It will not be possible to test all those in the overweight and/or over forty group but the health visitors call on many old persons and it is hoped to include these in the scheme together with the residents in old people's homes.

A complete report on any person with glycosuria will be sent to the family doctor so that he may take any action he feels is necessary.

Health Education

Lectures, discussions, films and literature have once again been used to advantage to bring home to the public the importance of the many aspects of health education. Much good work in this sphere also continues to be carried out by health visitors during the normal course of their work in clinics and during visits to private homes.

There has been a slight falling off in the number of general health education film shows to outside organisations in the smaller villages as it is now the policy only to use films to support talks by qualified speakers and not all applications for films have included requests for speakers as well.

Home Safety

Visual aids have played a major part in the year's activities and many posters and leaflets have been distributed throughout the county. This subject has been included in a large number of talks given and the film which has been presented to the department has been widely used to support these lectures and has promoted much discussion at the meetings.

Smoking and Lung Cancer

Medical officers have given talks, chiefly to the older groups of schoolchildren in some county schools and film has been used to illustrate the subject whenever possible. Many posters and leaflets have been distributed, not only to the general public, but in most of the schools as well.

Care of the Teeth

Largely through the services of an oral hygienist in the department of the principal school dental officer, as well as the dental officers themselves, there has been a great increase in the number of talks and film showings and large audiences of school children of all ages have been reached by these means. Advice and films have also been given at many of the welfare centres. Much literature has been handed out on this subject.

Displays, Films, Filmstrips and other Equipment

Pegboard and flannelgraph displays are widely used and are periodically circulated between districts to provide changes of topics from time to time. Films continue to be one of the most used and popular means of transmitting information and have played their full part in the year's programmes. Early in 1962 a copy of a suitable film on childbirth was purchased and this has proved to be of great value at welfare centres where it has been widely used. Two other sound and colour films (one about personal hygiene and the other

on care of the teeth), have been obtained from the sponsors on a long-term loan basis and these, too, have proved to be most helpful. Several new filmstrips have been presented to the department by sponsors and one on artificial respiration has been purchased. All these have made most useful additions to the filmstrip library. Since the purchase of a daylight film screen, more daytime talks and films have been arranged to the advantage of both welfare centres and schools. A hand microphone has also proved to be of help to speakers when faced with large audiences in some of the bigger halls.

Statistics

Health Education Talks and Film Shows

Subject	Number of Talks and/or Film Shows	Per cent	Total Attendances
Child Care	264	52.7	2,753
Care of the Teeth	54	10.8	4,813
Home Nursing	32	6.4	427
Childbirth	31	6.2	922
First Aid	30	5.9	1,150
Home Safety	16	3.2	793
Vaccination and Immunisation	14	2.8	892
Personal Hygiene	8	1.6	799
Smoking and Lung Cancer	8	1.6	330
Health Visiting	8	1.6	162
Mental Health	7	1.4	181
National Health Service	6	1.2	69
Civil Defence	4	.8	101
Food Hygiene	4	.8	65
Care of the Elderly	3	.6	115
Physically Handicapped	3	.6	221
Surgery (Specialist audiences)	2	.4	73
Care of the Feet	2	.4	270
Atomic Energy	2	.4	63
Road Safety	1	.2	19
Family Planning	1	.2	16
Diabetics	1	.2	5
Totals	501	100.0	14,239

The following material was issued during the year:—

Leaflets	10,600
Posters	1,060
Booklets	1,750

Occupational Health

During the year 404 medical examinations of applicants for County Council appointments were undertaken, 284 males and 120 females, and of these, seven males and two females were considered unfit for employment. In 1961 a total of 475 examinations were performed and twenty-two persons found unfit.

The distribution according to departments of these examinations and the number who were rejected on medical grounds is shown in the first table whilst the second table gives the clinical conditions diagnosed.

Six men and three women were examined for premature retirement on medical grounds. All were recommended for retirement.

The arrangement instituted in 1958 for the medical examination of all recruits to the police force by the central medical staff was continued.

Statistics

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's	1	2	3	—	—	—
Children's	2	9	11	—	—	—
Civil Defence	4	—	4	1	—	1
Clerk's	5	5	10	—	—	—
Education	90	69	159	—	2	2
Fire Brigade	34	—	34	1	—	1
Health	8	20	28	—	—	—
Library	2	4	6	—	—	—
Planning	3	1	4	—	—	—
Police	40	2	42	—	—	—
Police (Civilian Staff)	6	5	11	1	—	1
Probation	2	—	2	—	—	—
Roads and Bridges	82	3	85	4	—	4
Treasurer's	5	5	—	—	—	—
Totals	284	120	404	7	2	9

<i>Clinical conditions of candidates found unfit</i>				
		<i>Males</i>	<i>Females</i>	<i>Total</i>
Defective vision	..	1	—	1
Heart disease	..	—	1	1
High blood pressure	..	3	—	3
Varicose veins	..	1	1	2
Other conditions	..	2	—	2
Totals	..	7	2	9

Facilities Available for Medical Examination

A consulting room is now available in the new health centre at Dorchester for carrying out medical examinations and for the treatment of medical emergencies. The staff rest room is still available in the health department at county hall for the use of office staff who are unwell.

Medical Examination of Retained Firemen

Appointments were given to thirty-one firemen to attend for medical examination. Of these thirty were found to be medically fit and one was regarded as unfit for the fire service as his vision without glasses was not up to the required standards.

Medical Examination of Roadmen for extension of service, after reaching the age of 65 years

During the year 1962, eleven roadmen were medically examined, ten were found to be medically fit to continue in the service, and one to be medically unfit.

DOMESTIC HELP SERVICE (Section 29) (Table 23)

The demand for the service has continued to grow during the year, with 1,731 cases having been assisted compared with 1,636 in 1961 and there is an increasing need for helping the aged, especially those in receipt of National Assistance. Problem families, continue to receive help where necessary in order to avoid young children being taken into care.

The organisers work in close liaison with the National Assistance Board, hospital almoners, and other social services.

The mobility of the service is an important factor in the rural areas, making it possible to reach isolated cases with the twelve cars and eight scooters in use. The number of equivalent full-time helps increased from ninety-eight in 1961 to 107·3, and at the end of the year the total number of helps working was 256.

The service in north Dorset continues to expand, the assistant organiser who lives in Gillingham being at present employed four days a week with a case-load of 150-160.

The County Organiser is based on Dorchester, with full-time organisers at Poole, Weymouth and in the Wimborne area. Two part-time assistants are also employed, one in Poole and one in north Dorset.

The growth of the work in the Wimborne area made it necessary to appoint a full-time assistant organiser to this post in May, who is also responsible for the day to day work in the Wareham and Swanage area, with a case-load of approximately 175-180.

The service in Poole is the responsibility of the Borough Council under delegated powers, and in south Dorset day to day supervision is carried out by the South Dorset Area Health Sub-Committee.

Statistics

<i>Number of Cases for whom Helps were provided, 1958-1962</i>						<i>Domestic Help Service Staff, 1958-62</i>					
<i>Types of Cases</i>	1958	1959	1960	1961	1962	<i>Helps</i>	1958	1959	1960	1961	1962
Maternity	164	143	195	208	184	Full-time	2	2	1	1	1
Old Age	675	832	940	972	1,054	Part-time	84	93	103	114	117
Tuberculosis, etc.	21	18	10	12	7	Spare-time	139	145	143	123	138
Long-term Illness	134	167	227	293	342	Totals	225	240	247	238	256
Short-term Illness	103	112	162	151	144	Equivalent full-time helps	84·3	97·5	100·9	98·0	107·3
Totals	1,097	1,272	1,534	1,636	1,731						

SOCIAL SERVICES (National Assistance Act 1948)

Administrative Arrangements

The functions of the County Council under the National Assistance Act 1948 have been delegated to the Social Services Sub-Committee of the Health and Social Services Committee, and the administration is under the direction of the county medical officer of health. Four meetings of this sub-committee were held during the year. Meetings of house committees for the old person's homes are held at six-monthly intervals.

In each district the health visitor is responsible for interviewing every applicant for residential accommodation, the work being co-ordinated by liaison health visitors.

There are four district welfare officers and four senior district welfare officers, who are also mental welfare officers; they investigate the financial resources of these applicants prior to admission, make detailed arrangements for admission and, in the case of the smaller homes, collect charges for maintenance. At the larger homes the maintenance charges are collected by the officer in charge.

Provision of Accommodation (Sections 21—28) (Tables 24—25)

Residential Accommodation

Accommodation Available

At the 31st December, 1962 the number of places provided by the County Council amounted to 645 including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total 226 beds were situated on the ground floor. The County Council were also responsible for the cost of maintenance of 44 persons in residential homes provided in the county by three voluntary societies and 28 persons in voluntary homes outside the county.

Structural Adaptations and Additions

Alexandra House, the first purpose-built home in the Borough of Poole, was formally opened on the 14th July for the accommodation of fifty elderly people by Captain Sir Richard Pilkington, K.B.E., M.C., Member of Parliament for the Borough. This is an extremely well situated home, close to a shopping centre and adjoining a public park.

Work proceeded on the enlargement of the homes at Swanage and Weymouth in order to provide a total of fifty places at each.

Replacement of Existing Accommodation

A site adjoining Alderney Hospital, Poole, was purchased from the Wessex Regional Hospital Board and work commenced on the construction of a home for fifty-five elderly people to replace the Part III accommodation at St. Mary's Wing, Poole General Hospital.

Approximately two acres of land adjoining Christmas Close, Wareham, was purchased as the site of a new home to replace, in the financial year 1963/64, the accommodation provided in the former poor law institution. Christmas Close will continue to be used by the Regional Hospital Board for the accommodation of geriatric patients.

The replacement of the two remaining former institutions is included in the Council's ten-year programme—the home at Sturminster Newton to be closed in the financial year 1968/69 and that at Beaminster in 1971/72. Having regard to the suitability of the site and the capital improvements recently undertaken, the Council have decided to demolish the old building at Sturminster Newton and to use the new extension as the nucleus of a small home. The acquisition of a site for this purpose has, therefore, been abandoned.

Joint User Arrangements

Joint user arrangements between the County Council and the Regional Hospital Board have continued at Christmas Close, Wareham and at St. Mary's Block, Poole General Hospital.

Amenities

Clothing is supplied where necessary and, as far as possible within certain price restrictions, residents are allowed to choose their outer clothing.

A summer outing for the residents is arranged by the officer-in-charge of each home and during the winter months film shows are presented at the three larger homes.

The homes are equipped with television receivers. These are provided by the County Council, by way of a gift, or by subscriptions from residents' clubs.

Members of the British Red Cross Society have continued to visit the homes in order to instruct and assist residents with handicrafts. The amount of interest it is possible to maintain varies from home to home, but the Society has given considerable encouragement to the old people and many useful articles are made. Knitting, embroidery, and rug making are some of the more popular crafts. The Council are indebted to the members of the Society for the work they have undertaken in this connection.

Valuable assistance has been provided at two homes by members and cadets of the St. John Ambulance Brigade. A variety of work is undertaken including assistance with bathing, serving of meals, sorting of linen, escorting residents outside the home, shopping and 'odd jobs'. The Council are indebted to the members of this organisation for their interest and efforts on behalf of the old people.

Special arrangements have been made with the county librarian for books to be readily available to the residents at the homes, and the Council have been pleased to accept the offer of the St. John and Red Cross Hospital Library Service to provide this amenity at Christmas Close, Wareham.

The Council are greatly indebted to the many people who take an interest in the homes, who befriend the old people and who offer their services in a great many ways. The help so given is invaluable to the staff and most appreciated by the elderly residents.

Statistics

Numbers accommodated in County Council Homes 31st December 1962

Premises	Places Occupied		
	Men	Women	Totals
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster	66	44	110
Stour View House, Sturminster Newton	35	70	105
Christmas Close, Wareham	31	24	55
Maiden Castle House, Dorchester	12	29	41
'The Lawns', Weymouth	13	26	39
Belmont Court, Parkstone	5	30	35
Castleman House, Blandford	21	28	49
James Day Memorial Home, Swanage	10	20	30
'St. Martin's', Gillingham	17	31	48
Chalbury Lodge, Preston, Weymouth	5	12	17
Alexandra House, Parkstone	11	38	49
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block)	20	21	41
Totals	246	373	619

Waiting List

The number of persons on the waiting list at the end of the year was 374. A review of these cases has been undertaken in order to determine the number (a) of persons who require care in communal homes and the degree of urgency; (b) of those who could be satisfactorily housed in grouped old persons' dwellings with warden facilities; (c) of those who could, with the help of the Council's domiciliary services, remain in their own homes for some time to come.

TEMPORARY ACCOMMODATION

In a number of instances the Council's welfare officers helped to find accommodation for families faced with eviction. Close co-operation is maintained between the welfare officers and the district authorities' housing departments and where children are involved the cases are referred to the children's officer.

WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (Tables 27 and 28)

Administrative Arrangements

The welfare of these groups of handicapped persons is co-ordinated in the health department. Close liaison is maintained with the Western Regional Association for the Blind and other voluntary organisations to assist the registered blind and partially sighted.

Registration

On the 31st December, 1962, there were 846 persons on the blind register and 123 registered as partially sighted, an increase of thirty-one and twelve respectively.

Of the 123 newly registered blind cases, 103 were sixty five years of age and over. There were three cases under the age of five, a baby aged five months and two aged four years, for whom educational arrangements are being made. Of the seventeen cases between sixteen and sixty-four years, one is attending a rehabilitation course, another has been referred for employment, eight are not available for work and seven are unable to work owing to additional disabilities.

Home Teaching and Visiting

The work is carried out by six qualified home teachers of the blind, two employed in the Borough of Poole and the other four covering the remainder of Dorset. An essential part of the service is helping persons with seriously defective vision to adjust themselves to lead as normal a life as possible. Handicraft and other classes, socials, outings, sales and shows in co-operation with the Dorset County Association for the Blind are held. In addition, lessons are given in reading and writing embossed type. Individual instruction in handicrafts is given to pupils in their own homes.

Workshop Employment

This authority has no sheltered workshop but arrangements are made with the following organisations who employ five workers on behalf of the County, payments being on the national scale subject to the standard of work and earnings reaching the minimum laid down:—

Bristol Royal School and Workshop for the Blind—One Basket Maker.

Royal School for the Blind, Leatherhead—Two flat machine knitters.

—One brush maker.

Yorkshire School for the Blind—One brush maker.

In addition one woman is in training at the Bristol Royal Workshops for the Blind.

Home Employment

Six men and six women are supervised by the Bristol Royal School and Workshops for the Blind under their Home Workers Scheme on behalf of this authority.

Two braille copyists are supervised by the National Library for the Blind on a partime scheme.

Marketing

Difficulty is experienced in marketing saleable articles owing to cheap importations but much is done through the home workers scheme and sales organised throughout the county in co-operation with the Dorset County Association for the Blind. Some County Council departments assist by placing orders through the blind. Home teachers assist by obtaining private orders.

Employment in Open Industry

The Royal National Institute for the Blind placement officer assists in finding suitable employment in co-operation with the Disablement Resettlement Officers of the Ministry of Labour. The resettlement of older men and women with a purely rural background remains a problem.

Persons in Hospitals, Homes, etc.

There were 110 blind persons over sixteen years of age living in other accommodation at the end of the year, thirty-four in the care of the Regional Hospital Board, thirty-seven in homes for the blind, twenty-four in homes provided under Part III of the National Assistance Act, 1948 and the remaining fifteen in privately run homes.

Registers of Blind and Partially Sighted

Information has been provided in co-operation with the Western Regional Association for the Blind for a survey on the problems of blindness and partial sight.

DEAF, DUMB AND HARD OF HEARING

Administrative Arrangements

The Dorset County Council administer their functions for the provisions of the welfare services for the deaf and/or dumb and hard of hearing through an agency arrangement with the Salisbury Diocesan Association for the Deaf and Hard of Hearing to which they give an annual grant. The Council is represented on the Committee of the Association.

Persons applying for assistance are visited by officers of the Association. Details are entered on duplicate registration cards, one copy retained by the Association and the other by the county health department.

Ascertainment

The comprehensive scheme for the ascertainment of deafness in children has now been running for two complete years and it is interesting to note that the figures obtained during 1962 correspond almost exactly with those obtained in 1961. This shows that a consistent number of children who would otherwise probably have been handicapped by slight deafness are being detected at a very early age. When given corrective treatment normal hearing is restored in a great many cases. If deafness is either of such a type that operative treatment is impossible or it persists after treatment, the child can be given audiometric training to enable him to cope with his handicap.

During 1962 the audiometrist, who is also a trained teacher of the deaf, working in the county and south Dorset areas gave full hearing assessments to 426 children and of these 119 were referred to the ear, nose and throat clinic, after consultation with the family doctor concerned. Operative treatment was carried out in sixty of these cases, usually resulting in improved hearing.

The pattern of the assessment service for deafness amongst children continues as follows in the county and south Dorset areas. All infants and 'at risk' babies are given an elementary hearing test by the local health visitor; any who appear to have defective hearing are referred to hearing assessment clinics which are held at regular intervals throughout the county. At these clinics, the audiometrist investigates these children and also patients referred from other sources and those who have failed the school screening tests. Both specialists and the school medical officers are now utilising the service quite freely.

All infant entrants to school are screened at the age of six years and those children who fail are further investigated as described in the preceding paragraph. During 1962, 2,730 children were given audiometric screening tests and of these 269 were referred to a clinic for further investigation.

It is proposed during 1963 to screen all the children in primary schools who have not previously been seen. This is an ambitious scheme to carry out in the normal working time available but it will ensure that the whole of the county school population under the age of eleven years will have had an effective hearing test. It is also hoped to introduce a routine follow-up of all those children who have received operative treatment to ensure that their hearing has improved.

Partially deaf children with good enough hearing to attend ordinary schools receive help from peripatetic teachers of the deaf who give them regular instruction in the use of their hearing aids and in lip reading, if necessary. Sixty-six children received such help during 1962.

Deaf and partially deaf children who live within travelling distance of Poole can be admitted to a school for deaf children established there. Deaf and partially deaf children who require residential treatment are graded under the Handicapped Pupils Regulations and subject to the parents' consent are placed at a suitable school. The education authority pays the whole of the fees for such a placement.

Any cases of suspected deafness in children who present particular problems are referred to a panel of specialists who meet periodically either at Poole or Weymouth. All aspects of child health and education are represented on the panel and the child and parents are interviewed and advice given on the treatment and management of the case.

Social Welfare

A comprehensive service of social welfare is provided by the Association, including interpretation in manual language, advice in domestic, social, legal, health and family affairs. Visits are undertaken at home and in hospital with emphasis on the sick and infirm. Individuals are assisted in connection with employment in co-operation with the disablement resettlement officers of the Ministry of Labour.

Social Centres

Social centres are provided for the deaf at Sherborne, Weymouth and Poole. There are hard of hearing clubs at Bridport, Dorchester, Poole and Weymouth.

Lip Reading Classes

Lip reading instruction is given by a qualified teacher of the deaf when and where required either with groups or individuals. Advice on the use of hearing aids is available.

Co-ordination

The Association works in conjunction with the Ministry of Labour and the Disablement Resettlement Officers in connection with the placement of the deaf and hard of hearing in suitable training and employment. The County Council and the Association have representation on the Executive Committee of the Western Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire.

Statistics

The following table shows the number of persons both deaf and hard of hearing, registered with this authority on 31st December:

<i>Class</i>	<i>Children Under Age 16</i>		<i>Persons Aged 16—64</i>		<i>Persons Aged 65 and over</i>		<i>Total</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Deaf without Speech	4	9	59	38	8	4	71	51
Deaf with speech	3	1	10	11	—	4	13	16
Hard of Hearing	16	8	44	84	10	26	70	118
Total	23	18	113	133	18	34	154	185

PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Administrative Arrangements

The scheme outlined by the Minister of Health in Circular 32/51 for the provision of welfare services under Sections 29 and 30 of the National Assistance Act, 1948 for handicapped persons other than the blind, partially sighted and deaf and dumb, has been adopted by the County Council and approved by the Minister of Health.

The Dorset Branch of the British Red Cross Society act as agents of the County Council for the provision of certain services for which they receive a grant.

A liaison health visitor is employed full-time carrying out special duties for dealing with all cases registered under the Scheme. Those requiring special services are visited by her.

Cases are referred by general practitioners, hospitals, central government departments and voluntary organisations. All cases referred are visited by a health visitor and a report submitted to the county health department. If considered suitable for registration, the person's name is recorded on the central register and arrangements made for investigation and the provision of services required either direct or through the British Red Cross Society or otherwise. A duplicate of the record card on the central register is kept by the health visitor for follow-up. The specialist or the general practitioner is consulted by the county medical staff when there is a clinical problem.

Services Provided

The social welfare services for handicapped persons set out in Circular 32/51 are comprehensive and are provided wherever possible when the need arises. General advice and guidance is given and arrangements also made for any special services necessary, either through the department, voluntary organisations or otherwise. The British Red Cross Society, through its various branches, provides several of these services including the instruction in handicrafts in the patient's home and they assist with the sale of the finished articles. Specialised equipment is supplied on loan and minor adaptations to patients' homes are carried out.

Arrangements are made for the severely disabled to be admitted to holiday homes.

Admission to residential homes is arranged and assistance given towards the cost of transport to special training and holiday centres.

Car badges for severely disabled drivers in accordance with Ministry of Health circular 17/61 are issued to ease the difficulties of disabled drivers in finding suitable parking places. The badges are for identification purposes only and confer no legal rights or privileges.

The Dorset Association for the Welfare of the Physically Handicapped receive a grant from the County Council to assist them in their activities for the promotion of the general welfare of the handicapped.

Co-operation is maintained between the county health department and the Ministry of Labour. The disablement resettlement officers are consulted in connection with rehabilitation and training under the Disabled Persons (Employment) Act, and also help them in securing suitable employment.

Statistics

The following table shows the number of physically handicapped persons (general classes) registered with this Authority on 31st December, 1962:—

Number on register 31.12.61	..	762
New cases		141
		903
Deaths		45
Removals from register	..	55
		100
Total		803

<i>Registered Handicapped Persons—Age Groups and Sex</i>				
	<i>Children under Age 16</i>	<i>Persons aged 16—64</i>	<i>Persons aged 65 and over</i>	<i>Totals</i>
Male ..	74	196	75	345
Female ..	63	282	113	458
Total ..	137	478	188	803

EPILEPTICS

There is only one girl classified as epileptic requiring special educational treatment in a special school. No fresh cases were assessed during the year.

The number of persons suffering from epilepsy applying for driving licences was not so numerous in 1962 as previously. Very careful consideration was given before any recommendation was made to the licensing authority. Normally it is considered that a person should be fit free without drugs for at least three years before a licence is granted.

There were sixteen adults suffering from epilepsy in Part III or joint-user accommodation and in addition five were accommodated in special epileptic colonies.

SPASTICS

The Bournemouth and Poole Spastic Society continued to develop their centre at Alder Road. During the year both educable and non-educable children were still taken at this centre but the Society are negotiating to register as a school approved by the Ministry of Education and in due course non-educable spastics may have to be withdrawn and sent to the new Poole training centre which it is hoped will be built at Gravel Hill.

The County Council also has arrangements for training adult spastics who are capable of subsequent employment but none were undergoing training in 1962.

Registration of Disabled Persons' and Old Persons' Homes (Section 37)

Before any application for a certificate of registration is granted, the premises are inspected to determine their suitability and details of the staffing arrangements and furnishings are required.

Statistics

The following table shows the number of homes and the number of beds provided:—

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided</i>
Homes first registered during the year ..	7	85
Homes on the register at the end of the year ..	33	382
Registrations cancelled (voluntary closures) ..	1	5
Registrations refused	—	—

Removal to suitable premises of persons in need of care and attention (Section 47)

It was not necessary for action to be taken under the provisions of section 47 of the Act during the year.

Temporary Protection of Property of Persons admitted to Hospitals, etc. (Section 48)

The storage of property continues to be arranged when necessary and in any case in which there is little likelihood of the patient leaving hospital or a home the views of the Court of Protection are obtained. The Committee then decides whether to dispose of the furniture and effects of the person concerned and apply the proceeds to his or her benefit.

PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of specimens from general practitioners, infectious diseases hospitals and local authorities and all specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

Laboratory	Specimens received and examined during 1962							Totals
	Nose and throat swabs	Sputum	Faeces and urine	Water	Milk	Ice cream	Miscellaneous	
Dorchester ..	374	69	277	2,474	5,999	542	3,184	12,919
Boscombe ..	624	38	491	743	436	138	1,540	4,010
Totals ..	998	107	768	3,217	6,435	680	4,724	16,929

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the person in charge and layout of premises.

Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

Registration	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during the year ..	2	—	16	16
Homes on the register at the end of the year ..	17	15	207	222

Action taken during 1962

Number of exemptions granted under Section 192 (1) including renewals ..	..	..	—
Number of inspections ..	..	..	29

CHILDREN ACT, 1948

In accordance with the Memorandum by the Home Office on the conduct of children's homes certain duties are carried out for the Children's Committee by the county health department.

Medical Supervision of Nurseries and Children's Homes

During the year under review the scheme for the supervision of all children in County Council children's homes has again been satisfactory. Co-operation has continued between the health department, the staff of the children's homes and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

Dental Care

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff who arrange periodic inspection and treatment. In addition, treatment is available at dental clinics, or dental sessions at schools, for children found on examination by the medical officer to need emergency treatment on admission to the homes.

Protection of Children from Tuberculosis

Chest x-ray examinations of all staff at children's homes are carried out before appointment and thereafter at yearly intervals. During 1962, eleven initial and thirteen annual examinations were carried out, but none of the films showed signs of tuberculosis.

Statistics

Number of children's homes including the reception observation centre	Number of routine visits of medical officer	Number of routine examinations	Number of children referred for treatment	Number of children under observation for defects
4	47	139	4	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Routine visits of inspection were carried out during the year of the day nurseries and daily minders registered under this Act.

Statistics

	<i>Number registered at end of year</i>	<i>Number of children provided for</i>
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	4	43
Daily minders ..	7	66

DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review no daily minders were provided by the authority.

CIVIL DEFENCE

AMBULANCE AND FIRST AID SECTION

This section, like other sections of the Civil Defence Corps, has recently been reorganised under Home Office Circular Number 18 of 1962. This confirms that in war the section will combine with the full-time county ambulance service to form a joint organisation. Particular attention has therefore been paid to a closer integration of the two and the following measures have been taken with this end in view:—

(a) Civil defence ambulances are garaged and maintained at county ambulance stations and all stations to be built in future will include accommodation for these vehicles.

(b) Full-time personnel have attended courses in civil defence and are taking part in week-end exercises in conjunction with volunteers of the Civil Defence Corps.

(c) The head drivers at the four main ambulance stations have qualified as civil defence instructors and are employed as such. The fact that full-time drivers are not permitted to become members of the Civil Defence Corps is creating some difficulties and there would appear to be no purposes in this ruling. It is for instance not possible to nominate station officers of the full-time ambulance service for some of the senior posts in the Ambulance and First Aid Section although they are obviously the most suitable selection for such appointments.

The strength of the section at the close of the year was 327 compared with 314 in 1961.

Vehicles

The vehicle establishment has been increased to a total of nine ambulances and three personnel/equipment vehicles to allow an allocation of three ambulances and one personnel/equipment vehicle to each area.

Six new Ford 'Rollalong' ambulances were received during the year thus permitting the final elimination of the remaining county vehicles previously retained for civil defence training.

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

With most of the county adequately served with piped water and the West Dorset Water Board making excellent progress with their one-and-a-quarter-million-pound regional water scheme, attention has been focussed on the provision of main drainage. In all, some twelve schemes were completed, which reflects great credit on the county district councils concerned.

Quite apart from the constructional work that has been done, six new schemes have been submitted to the County Council for their observations and a number of others have been the subject of discussions in outline with the engineers concerned.

It is sometimes invidious to draw comparisons or to single out the work of one authority as perhaps being more noteworthy than that of another; there is no gainsaying the fact, however, that as far as main drainage is concerned the programme undertaken by the Wimborne Rural District Council is a monumental one. Having completed major schemes for West Parley, including part of Ferndown, and for Colehill, Pamphill, Hampreston and the southern part of Corfe Mullen, at a total cost of £504,846 the council are now well ahead with the Ferndown and West Moors scheme, which is estimated to cost about £700,000. Much of the preliminary work has been completed and the construction of the sewage disposal works was making good progress until the ice and snow of the New Year slowed things down virtually to a standstill. In addition to this, in November they submitted a £327,000 scheme for dealing with the remainder of Corfe Mullen, a scheme which brought well-deserved praise to the council's engineer and surveyor for the enterprise he had shown in dealing with a particularly difficult problem without calling in consulting engineers.

At the other end of the county, credit must also go to the borough of Bridport and the rural districts of Beaminster and Bridport for taking a major step forward in the solution of longstanding sewerage and sewage disposal questions. In the 1961 report a hint was given that the new procedure for grant-aiding sewerage schemes outlined in Ministry of Housing and Local Government circular 15/61, would favour joint action. Following the successful hydrographical survey in West Bay, the Bridport Borough Council accepted in principle the submarine pipeline technique for the disposal of sewage from the town. Consideration was subsequently given, at the suggestion of the county public health engineer, to pumping sewage from Beaminster down the valley to link up with the Bridport sewerage system which, it was hoped, could also receive sewage from neighbouring parishes of the Bridport rural district.

In July the consulting engineers engaged by the three county district councils concerned reported on the practicability and economics of such a scheme. In their report they came out strongly in favour of this joint project subject to further investigations being made in West Bay before the final position of the outfall discharge point was settled and to the existing flow in the Bridport main sewer being recorded. In this way it would be possible to determine the capacity available in the Bridport sewers to deal with further development in the town itself and with sewage from the two rural districts. The report also indicated that if the joint scheme were carried out there would be likely to be a capital saving of about £60,000 over the cost of inland treatment works with reductions in running costs and loan charges totalling £7,370 per annum.

The report was considered in the first place by each of the three councils individually and then, on October 30th, a joint meeting attended by representatives of these authorities and the County Council was held. The atmosphere of this meeting was friendly and, in broad terms, it was agreed that the Bridport Corporation and the Beaminster and Bridport Rural District Councils be recommended:—

- (a) to adopt the joint scheme, in principle, subject to the further investigations into (i) the flow in the Bridport sewers, and (ii) the position of the outfall, proving satisfactory;
- (b) to submit the consulting engineers' report to the Ministry of Housing and Local Government and to the County Council for their observations;
- (c) to approve the setting up of a joint advisory committee comprising three members from the borough and two each from the rural districts concerned;
- (d) to appoint Messrs. Lemon & Blizzard consulting engineers for the preparation, in conjunction with the county public health engineer and a firm of submarine pipeline specialists, of a detailed scheme for submission to the Ministry of Housing and Local Government after approval by the three county district councils.
- (e) to request the County Council to allow the county public health engineer to continue to act as co-ordinator and to negotiate with other interested parties, including the Ministry of Agriculture, Fisheries and Food, the Southern Sea Fisheries District and the Avon and Dorset River Board, keeping the consulting engineers informed.

By the end of the year the flow recorder had been ordered and this the borough surveyor of Bridport would install by direct labour as soon as the apparatus arrived.

In the meantime it was suggested to the Beaminster Rural District Council that, in order to save time, it might be wise to ask the Ministry of Housing and Local Government whether they would be prepared to agree to the preparation of contract documents up to the stage of going out to tender for the laying of sewers in Beaminster itself in accordance with the scheme which the council had submitted to the Ministry and which had been the subject of a local inquiry in 1961. The council felt that, if the Avon and Dorset River Board raised no objection, this should be done. Following a discussion with the river board's fisheries and pollution inspector, a meeting was arranged at the Ministry at which the surveyor and the county public health engineer explained the position that had been reached and asked for the Ministry's co-operation. Subsequently a letter was received from the Ministry saying that they had no objection to the contract documents being prepared provided the work was not put out to tender until a local investigation into the joint scheme had taken place and this project had received their approval in principle.

Before reference is made to some of the major works carried out during 1962 on (a) water supplies and (b) main drainage, mention must be made of the discussions which proceeded during the year between the Weymouth Waterworks Company, the Weymouth Corporation, the Dorchester Borough Council, the Portland Urban District Council and the Dorchester Rural District Council concerning the formation of a new water authority embracing the statutory area of the existing West Dorset Water Board. The authorities had agreed, in the light *inter alia*, of a financial report by the deputy county treasurer, that a new water board should be set up but at the end of the year there was still some difference of opinion as to the size of the new undertaking, the Weymouth Borough Council deciding to press the Minister to set up one board for the whole of Dorset.

In the 1960 annual report it was stated that the eventual solution of Dorset's water problems might be the establishment of a county water board; this was, however, viewed as a long-term project. Not until the existing water boards plus, it was hoped, the new undertaking for south and west Dorset had been given sufficient time to carry out the bulk of the capital works required did it appear that a sound case could be made for the merger of the existing statutory water authorities into a single board and there are no grounds at present for taking an alternative view.

(a) *Water Supply*

West Dorset Water Board

As stated in the general commentary, the board have made fine progress with their regional scheme; in fact, stage I was completed several months ahead of schedule—a feat which reflects great credit not only on the engineer and manager but on the several contractors concerned.

Amongst the board's major achievements have been the development of the Hooke source, itself no mean engineering accomplishment in such difficult ground conditions; the laying of some ten-and-a-half miles of mains to serve 'dry' places like Salway Ash and Askerswell; the construction of four service reservoirs with a total storage capacity of 960,000 gallons and the relief—it is hoped permanently—of water shortages in the borough of Bridport. For this purpose water will be fed in from the board's northern sources at Clatworthy and Hooke to supplement supplies from the Litton Cheney adit until the new boreholes are ready.

In the report for 1961 reference was made to the public inquiry held in September of that year into the board's application to purchase compulsorily land at Litton Cheney for the development of three boreholes. This application was successful and the Ministry of Housing and Local Government have authorised the board to abstract up to 750,000 gallons of water per day from the existing adit and from the new boreholes.

In June a tour of the board's area was made in the course of which members inspected the progress of works which had been completed at Litton Cheney (service reservoir), Hooke (source development), Toller (service reservoir), the distribution network as far as Salway Ash and the service reservoir at Dottery.

Poole and East Dorset Water Board

The board have continued to make improvements, where required, to the existing supply systems and have proceeded with the development of new works, including mains extensions, in accordance with the capital works programme which they approved last year for the five-year period ending 31st March, 1966.

West Wilts Water Board

As a result of a public inquiry held in December, 1961, the board's application to the Ministry of Housing and Local Government for consent to double the output from the Burton Field source at Mere was approved, subject to certain conditions. It is from this source that supplies are obtained for the borough of Shaftesbury and the Shaftesbury rural district, and therefore this news was welcomed.

Dorchester Borough

Two notable achievements by the borough council were the completion of the new one-million-gallon reinforced concrete reservoir and the development of the auxiliary source in the Frome valley about one mile east of Dorchester. This borehole was test-pumped last February and the results were highly satisfactory.

(b) *Sewerage and Sewage Disposal*

Beaminster Rural District—

Halstock and Salway Ash

The main drainage of Halstock was completed in July and a scheme was submitted for the provision of sewerage and sewage disposal for the village of Salway Ash. The council and their engineer are to be congratulated on the economical manner in which these village sewerage schemes have been designed.

Beaminster and Netherbury

The situation concerning the Beaminster and Netherbury scheme has already been referred to in the general commentary above. On the whole it was encouraging.

Blandford Rural District—

Shroton, Durweston, Stourpaine and Pimperne

The scheme for the main drainage of Shroton has been completed and in December proposals were examined for the drainage of Durweston and Stourpaine by means of a joint sewerage disposal works. The Salisbury Road area of Pimperne is in process of being sewered and at the end of the year about seventy-five per cent of the work had been completed.

Dorchester Rural District—

Abbotsbury and Portesham

The Dorchester Rural District Council submitted a scheme for draining the villages of Abbotsbury and Portesham to combine works about midway between these two villages. In his report the county public health engineer suggested various modifications and it is expected that the Ministry of Housing and Local Government will hold a local investigation in the near future into the council's proposals.

Cerne Abbas

Progress with the Cerne Abbas scheme has been somewhat slow, due in part to running sand which has made the work of excavating and sewer laying difficult; at the end of the year the scheme was about three-quarters finished.

Shaftesbury Rural District—

Gillingham

The official opening of the above works on 28th May by Mr. Geoffrey Rippon, M.P., Joint Parliamentary Secretary to the Ministry of Housing and Local Government, must be regarded as a red letter day.

This scheme has been one of the most urgently needed in the county, principally because of the pollution of the River Stour which had been caused over a number of years. The treatment plant deals with domestic sewage and a considerable quantity of trade waste primarily from bacon factories and a glue works. Samples taken in accordance with the County Council's grant regulations have shown that in spite of the predominance of trade waste the effluent has generally been of a satisfactory standard.

Bourton, Fontmell Magna and Motcombe

Schemes submitted by the rural district council for the villages of Bourton, Fontmell Magna and Motcombe have been investigated on the county council's behalf. As a result of suggestions for reducing the cost, the council arranged for a meeting between the consulting engineers and the county public health engineer which the clerk and the surveyor also attended. Agreement was reached on certain amendments to these schemes which should effect a saving of about £12,800.

In the case of the Bourton scheme, the council have recently received an application to deal with milk waste from a large dairy in this village and the terms under which this effluent might be treated are under consideration. In principle, the County Council welcome a get-together between the local authority and industry in drainage and other matters of mutual concern.

Sherborne Rural District—Bradford Abbas, Thornford and Yetminster

The Bradford Abbas and Thornford sewerage schemes were completed in 1962 and proposals submitted for the main drainage of Yetminster. In connection with the latter scheme the county public health engineer suggested that consideration might be given to an extension of the Thornford sewage disposal works to deal not only with sewage from Yetminster but also at a future date with that from the hamlet of Bere Hackett.

Sturminster Rural District—Marnhull, Hazelbury Bryan and Sturminster Newton

Schemes for extensions to the sewerage systems at Marnhull and Hazelbury Bryan were completed and in November a start was made on a further contract in Sturminster Newton itself.

Wareham and Purbeck Rural District—

Corfe Castle

A much-needed scheme for the drainage of the village of Corfe Castle was approved by the County Council and subsequently by the Ministry. Work was commenced in May and by the end of the year about three-quarters of the scheme had been completed.

Sandford and Wareham Borough

Discussions have taken place between the Wareham and Purbeck Rural District Council and the Wareham Borough Council concerning a joint sewage disposal scheme which would replace the corporation's existing works, which are unsatisfactory, and the Sandford works in the rural district which have become overloaded.

It is always good to see two neighbouring district councils getting together to try to find a joint solution to a longstanding problem and it is to be hoped that the outcome of the negotiations will be satisfactory.

Wimborne Rural District—

Colehill, Pamphill, Hampreston and Corfe Mullen

Reference to the huge capital works programme for sewerage and sewage disposal which the Wimborne and Cranborne Rural District Council are facing has been made under the general commentary. To sum up the position in 1962: the Colehill, Pamphill and Hampreston scheme was completed and so was that for the southern part of the parish of Corfe Mullen which drains into the Poole sewerage system. The first contract for the Ferndown and West Moors sewage disposal works was completed in September and the construction of the treatment plant proper began in August. By the end of the year about twenty per cent of this contract, which is estimated to cost £169,420, had been completed.

Wimborne Minster

By the end of 1962, 1,312 of the 1,500 properties in Wimborne had been connected to the new sewerage system. This work is being carried out by direct labour by a labour force of, on average, twenty-two men working under the chief resident engineer.

Pitch fibre pipe is being used for the majority of the connections but cast iron is used in those parts of the town where the water table is high or where special precautions have to be taken. In spite of very severe weather during December, it was possible, by the use of pitch fibre pipe, to continue operations; indeed, only if frost became so intense that it was impossible, by manual or mechanical means, to carry out trench excavation would work be stopped.

Trouble was experienced at one juncture due to a pitch fibre connection becoming 'deformed' as the result of improper back-filling. The section of the pipe in question had become slightly oval, a situation which emphasises the need for adequate compaction of fine spoil or sand around the underside of the pipe and for about six inches above it. As a result of this experience a rule was made that sand, well tamped, would in future be used for the initial back-fill of pitch fibre pipe. This question of back-filling is one which the manufacturers lay great stress upon and if properly carried out trouble of the type described above would be most unlikely to arise. The slightly oval pipe would, nevertheless, continue to give satisfactory service.

Provided no unforeseen delays occur, it is expected that the direct labour scheme for house connections will be completed by the end of May, 1963, and that there will be a useful saving in cost in comparison with other methods.

In the table below is a summary of the schemes which were (i) submitted to the County Council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year.

Statistics

Schemes Submitted, Commenced and/or Completed during 1962

Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
		£	£	£
	<i>Water Supplies</i>			
Dorchester Rural	Abbotsbury and Portesham	1,335	—	—
	Toller Porcorum	—	—	17,350
Poole and East Dorset Water Board	Moreton Village	—	—	22,600
West Dorset Water Board ..	Regional Scheme—Phase 2	186,550	—	—
	Regional Scheme—Phase 1			
	Reservoir 31—Litton Cheney: Contract No. 6	—	—	8,416
	Reservoir 7—North Warren Hill: Contract No. 7	—	—	16,196
	Hooke Site—Contact main and chlorination house: Contract No. 8	—	—	23,261
	Mains—Parnham—Netherbury—Salway Ash } —Dottery: Contract No. 9	—	—	109,000
	Mains—Hooke—Toller Down—Stoke Knap: } Contract No. 10	—	—	—
	Hooke—River gauge: Contract No. 14	—	—	1,500
	Mains—Dottery—Bradpole: Contract No. 15	—	—	14,220
	Mains—Stoke Knap—Netherbury—Dottery: } Contract No. 18	—	—	16,737
	Mains—Litton Cheney—Askerswell: Contract No. 20	—	—	25,337
	Hooke—Pumphouse: Contract No. 21	—	—	10,950
	Hooke—Fencing work: Contract No. 22	—	—	1,535
	Mains—Bunkers Hill—Shipton Gorge: Contract No. 25	—	—	12,000
	<i>Sewerage and Sewage Disposal</i>			
Beaminster Rural	Corscombe	12,049	—	—
	Halstock	—	—	6,688
	Salway Ash	17,558	—	—
Blandford Rural	Durweston and Stourpaine	81,620	—	—
	Pimperne—Salisbury Road area	—	13,745	—
	Shroton	—	—	31,280
Dorchester Rural	Abbotsbury and Portesham	93,500	—	—
	Charminster	—	—	80,000
	Chickerell	—	—	61,200
	Puddletown	—	—	51,356
Shaftesbury Rural	Gillingham	—	—	141,300
Sherborne Rural	Bradford Abbas	—	—	19,129
	Thornford	—	—	15,348
	Yetminster	79,086	—	—
Sturminster Rural	Hazelbury Bryan: Contract No. 3	—	—	42,282
	Marnhull: Contract No. 5	—	—	25,092
	Sturminster Newton: Contract No. 5	—	4,700	—
Wareham and Purbeck Rural	Corfe Castle	—	92,945	—
	Wool and East Burton	—	—	92,710
Wimborne and Cranborne Rural	Colehill, Pamphill and Hampreston: Contract No. 9	—	46,700	—
	Corfe Mullen—Southern part	—	—	33,700
	Corfe Mullen—Main scheme	327,000	—	—
	Ferndown and West Moors: Contract No. 10	—	—	28,250
	Contract No. 11	—	169,420	—

Rivers Pollution Prevention

When the serious pollution of the River Brit has been overcome Dorset's main river pollution problems will, to all intents and purposes, be solved and, judging by the progress made with the negotiations for the Bridport joint sewerage scheme the next two or three years should bring this long-awaited state of affairs. There is, however, a saying to the effect that things may get worse before they get better, and this might well be the case as far as the Brit is concerned. The reason for saying this is that, two years ago, the Avon and Dorset River Board informed the Beaminster Rural District Council that they would allow no additional discharge of sewage into the river, an embargo which virtually prohibited building development in the town. As serious as the pollution is, the shortage of houses is an even greater problem and having adopted, in principle, the consulting engineers' report on the Bridport joint scheme the council approached the Avon and Dorset River Board to see whether, under the circumstances, this restriction could be lifted. The council, through the surveyor, informed the board's fisheries and pollution inspector of the stage which had been reached of the joint scheme and said that it was their wish to proceed with the sewerage contract as soon as the question of sewage disposal had been resolved to the satisfaction of all concerned. The surveyor said that it would be foolish to reach the stage where facilities were available for treating sewage if the pipe to convey it for treatment had not been laid and it was, accordingly, the council's wish to approach the Ministry of Housing and Local Government to seek permission to proceed with the preparation of the necessary contract documents. It was stressed that the council's desire to clear up the pollution of the river was as strong as that of the board's to see this brought about; on the other hand, the restriction on building was causing very real hardship, financial and otherwise.

The council's case was supported by the county public health engineer and the application to have the restrictions lifted was considered by the board's Fisheries and Pollution Committee in December. Subsequently the board informed Beaminster Rural District Council that in the special circumstances they were prepared to allow an additional discharge of sewage into the River Brit amounting to not more than 4,500 gallons per day, subject to review in three years' time. This is equivalent to 150 gallons of domestic sewage per day from thirty houses, and this decision was very well received.

The very considerate way in which this matter was handled is but one instance of the co-operation received from Mr. J. D. Brayshaw, Fisheries and Pollution Inspector to the Avon and Dorset River Board, with whom officers of the county health department continue to work in close liaison. It is again a pleasure to place on record appreciation of this collaboration.

Sanitary Accommodation

Whilst much has been done in this matter, it is surprising that greater use has not been made of the 'standard grants' available under the House Purchase and Housing Act, 1959, to which reference is made under 'Housing' later in this report.

The conditions governing these grants are clear-cut and very reasonable; sums of up to £155 per property being available for certain specified works, including the provision of water closets.

The facilities afforded by way of 'improvement grants' under the Housing (Financial Provisions) Act, 1958, have enabled such modern amenities as bathrooms and drainage systems to be installed, but here again it is felt that much wider use could and should be made of these measures.

Although, as reported earlier, fine progress has been made with water supplies and sewerage it must be admitted that the rural areas of Dorset are, generally speaking, still not adequately served by main drainage.

Public Cleansing

The remarks made under this heading last year and the year before, brought forth a good deal of comment through the media of television, radio and the national and local press, but unfortunately little real action has resulted on the two main problems which were highlighted, i.e. the fouling of lay-bys and the cost of composting schemes.

An attempt has been made in certain counties to provide closet accommodation at lay-bys commonly used for overnight parking but the Government seem to have given no lead on this problem and it is not clear how the facilities that have been made available are financed. This is a situation which cannot be overcome satisfactorily by palliative measures; two courses of action only would appear to stand any real chance of success: one is the prohibition of the use of lay-bys as dormitories and the other—which virtually means condoning a growing practice—is the provision of adequate ablution and toilet facilities under proper supervision. Until this is done hedgerows, spinnies, verges and pastureland will continue to be fouled by human excrement and filth of every description. As forecast four years ago, this has now become a serious public health problem and it is hoped that still more publicity will be given to this matter as a result of this report and, of even more importance, that this will help to impress upon the Government the need for urgent action. Unless something positive is done to curb what is fast growing into a summer-time scourge, the danger to public health may well assume serious proportions.

Litter is another problem which, in one form or another, has given cause for complaint; it is, however, a matter of some satisfaction to record the advances which have been made in both the provision of litter bins and the better arrangements for emptying these receptacles. The greater co-operation of the public on this question of the prevention of litter has also been noticeable but there is still room for improvement.

As far as the disposal of house refuse is concerned, because of the heavy demand upon land for agriculture and building it is increasingly difficult to find suitable sites for use for this purpose. Once more it is suggested that the answer lies in composting but there will be no real progress in this direction until composting plants, simple in design and cheap both in first cost and in operation, come on to the market. For years in this report the view has been advanced that composting is necessary in the national interest both as a solution to the problem of refuse disposal and to the equally difficult one of dealing with sewage sludge; it is the answer, too, to the need to return to the land as much as possible of the humus that is taken from it in the natural process of cultivation.

Shops Act

Until and unless the staffing position improves it is unlikely that the public health inspectors of the county district councils can give more attention than they are paying already to the administration of the relevant provisions of the Shops Act. They are doing their best under difficult circumstances.

Swimming and Sea Water Bathing

Reference has already been made to the likely adoption of the submarine pipeline system for conveying sewage from the Bridport area into West Bay. Before the final point of discharge is decided, however, further investigations are to be carried out in the spring and summer of 1963 during on-shore winds and under conditions which did not obtain when the hydrographical survey was carried out between December 1960 to April 1961. The reason for these tests is to ensure, as far as practicable, that the discharged effluent will not cause a nuisance or pollute the bathing beaches. Whatever the final decision on the exact location of the outfall is, it is likely that this will be about one mile out to sea.

Submarine pipelines have been used, particularly in America, for some considerable time and the results have been so satisfactory that active consideration is being given in the U.S.A. to adopting this system of sewage disposal on a wider basis; this particularly applies in the State of California. It is reported that the sanitation district of Los Angeles County have constructed and already operate a sewerage system serving over three million people living in an area of approximately seven hundred square miles. An average daily flow of about three hundred million gallons of sewage with peak flow rates of up to 430 m.g.d. is being discharged into the Pacific Ocean through submarine outfalls from White's Point. The outfalls now in use include 72-inch and 90-inch pipelines extending 7,500 and 9,000 feet off-shore, diffusing into deep water.

In comparison, the peak discharge under the Bridport joint scheme would be unlikely to exceed 4.5 m.g.d.—a little over one-tenth of the White's Point discharge—and as far as can be estimated at present the diameter of the pipeline will be about eighteen inches. As far as is known, the submarine pipeline system has not yet been used in Great Britain for the disposal of sewage but there are at least four long sea outfalls discharging trade waste.

It might be felt that any form of sea outfall was very much a 'second-best' to the full treatment of sewage inland but, when all factors are taken into account, this is not strictly true. It must not be overlooked that treatment at a biological sewage disposal works does not guarantee that the effluent will be free from disease-carrying organisms. Indeed, a survey carried out recently at the public health laboratory at Hull revealed that *Salmonella* bacteria (the group which includes the causative organisms of typhoid and para-typhoid fever) were isolated from just under one-third of the 200 individual samples of treated sewage effluent which were taken. Bearing in mind that it is the general practice to turn the effluent from a sewage disposal works into a stream or river, the risks from the feeling of false security which might arise must not be ignored. The question must be considered in proper perspective but the dilution available in the sea usually exceeds by a very considerable margin that which exists in a small stream or river.

As far as inland swimming facilities are concerned, further consideration has been given to the construction of new swimming baths in Blandford Forum and Dorchester, amongst other towns. Swimming baths already exist at Blandford, Gillingham, Shaftesbury and Poole but, generally speaking, Dorset is not particularly well served in this direction due partly, no doubt, to the proximity of the fine bathing beaches along its coastline.

It is pleasing to report that still further progress has been made in the provision of learners' swimming pools at schools. Seventeen such pools are now in existence of which seven were constructed during 1962 at the following schools: Wimborne county junior, Portland Tophill county junior, Shaftesbury secondary modern, Sturminster Newton secondary modern, Lytchett Minster secondary modern, Broadstone county primary and Clyffe House special school.

It is often the practice for these learners' swimming pools to be constructed largely by voluntary effort on the part of the parents and teachers, and there is no doubt that the facilities which have been provided have proved a great asset. The results of frequent tests of the swimming bath water which have been made were, as a rule, very satisfactory; in this connection close co-operation exists between the technical staff of the county health department, teachers and selected senior pupils. Reference was made last year to a pilot plant developed by the county public health engineer which had been installed at the learners' pool at the Dorchester secondary modern school. The purpose of this installation was to provide an economical means of filtering and recirculating water in conjunction with the automatic injection of chlorine. Due largely to the achievements of the staff and pupils of this school, the total cost of the pilot plant and of its installation was under one hundred pounds, which was considerably less than would have been involved had a proprietary unit been obtained. So satisfactory were the results that, on the recommendation of the Health and Social Services Committee, the County Education Committee agreed to adopt this method of installation, where practicable, for learners' swimming pools in Dorset as and when funds permitted.

Disposal of Radioactive Waste

There is no reason to believe that the discharge into the sea of radioactive and other waste from Winfrith has given rise to any nuisance or difficulty whatever. Disposal is accomplished by means of a submarine pipeline extending two miles out into the English Channel off Arish Mell. Close collaboration exists between the chief industrial chemist at Winfrith and the county public health engineer, who is given every facility in the course of the inspection which he carries out from time to time.

The pipeline is designed to discharge up to 0.4 million gallons per day of active effluent and 1.1 million gallons per day of non-active effluent, but both the quantity discharged during 1962 and the strength of the effluent were a good deal less than the amounts permitted under the official authorisation.

Vermineous Premises

The Control of Vermin and Insect Pests

The decline in the number of persons and premises reported to be verminous to which reference has been made in recent years has, it is satisfactory to report, continued.

Rodent Control

If rodents are to be kept fully under control the funds available for this purpose need to be considerably increased. Much useful work has been done in the destruction of rats and mice but this, unfortunately, is by no means as extensive as is to be desired.

Factories Acts

Dorset is not an industrial county and the number of factories is small. Accordingly the need for any considerable volume of work under the Factories Acts does not arise but the necessary supervision has been carried out.

Satisfactory co-operation has been maintained between H.M. Inspector of Factories and the local authority officers concerned.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Pasteurised Milk

During the year one dairy in the borough of Poole gave up milk pasteurisation so that at 31st December the number of licensed pasteurising establishments in the county was ten. The total quantity of milk which is heat treated each day at these dairies is approximately 35,000 gallons most of which is sold for consumption in the county although some is despatched for sale by distributors in neighbouring counties. By comparison only a small quantity of raw milk is sold by retail.

Sales of milk throughout the county have been closely supervised by officers of the county health department and they have paid particular attention to the processing of milk at the licensed pasteurising establishments. Frequent checks have been made of the cleansing of pasteurising plant and ancillary equipment and of 704 specimens examined at the public health laboratory twenty-five (3.6 per cent) were unsatisfactory. This indicates that, in general, a satisfactory standard of hygiene has been maintained.

During the year a total of 1,125 samples of pasteurised milk were obtained at the eight pasteurising dairies in the county administrative area of which less than half of one per cent failed the phosphatase test. The methylene blue test was not carried out in the case of twenty-five samples due to the atmospheric shade temperature exceeding 70°F. but of the 1,100 specimens which were tested, ten (approximately one per cent) were unsatisfactory.

The Milk (Special Designation) Regulations, 1960

Under the provisions of the Milk (Special Designation) Regulations, 1960, the County Council, as the food and drugs authority, is responsible for granting licences to all dealers in specially designated milk in the administrative county area. During the year fifty-six licences were issued and twenty-three cancelled so that the position at 31st December in respect of licences in force was as follows:—

Type of Licence				No. of Licences in Force
Dealer's (Tuberculin Tested)	..	..	..	20
Dealer's (Pasteuriser's)	..	..	..	8
Dealer's (Steriliser's)	..	..	..	—
Dealer's (Pre-packed Milk)	..	..	..	367
				395

Supervision has been maintained throughout the year of the sale of milk by the licensed dealers and in addition to samples taken at registered dairy premises 357 specimens have been obtained from shops, including vending machines. Eight samples were unsatisfactory and the necessary investigations were made.

Prevention of the Sale of Tuberculous Milk

Selective sampling for biological examination for the tubercle bacillus was carried out during the year in respect of the raw milk supplies. Three-hundred-and-eighty samples were submitted for examination and all proved negative.

Milk Statistical Summary of Samples taken during the year

Sampling Point	Turbidity test		Methylene blue test			Phosphatase test		Total	Biological Examination		
	Pass	Fail	Void	Fail	Pass	Pass	Fail		Negative	Positive	Total
Licensed Pasteurising Establishments ..	—	—	25	1,090	10	1,120	5	1,125	—	—	—
Schools:—											
Pasteurised milk ..	—	—	44	1,088	32	1,164	—	1,164	—	—	—
T.T. milk ..	—	—	5	41	1	—	—	47	2	—	2
School Canteens:—											
Pasteurised milk ..	—	—	15	417	24	455	1	456	—	—	—
T.T. milk ..	—	—	—	12	2	—	—	14	—	—	—
County Homes and Hospitals:—											
Pasteurised milk ..	—	—	—	134	3	137	—	137	—	—	—
T.T. milk ..	—	—	2	31	7	—	—	40	6	—	6
Retailers:—											
Pasteurised milk ..	—	—	17	663	22	700	2	702	—	—	—
T.T. milk ..	—	—	1	96	27	—	—	124	—	—	—
Sterilised milk ..	22	—	—	—	—	—	—	22	—	—	—
Producers and Producer/Retailers:—											
T.T. milk ..	—	—	5	334	26	—	—	365	362	—	362
Non-designated milk ..	—	—	—	12	—	—	—	12	10	—	10
Private Schools:—											
Pasteurised milk ..	—	—	2	156	6	163	1	164	—	—	—
T.T. milk ..	—	—	—	3	1	—	—	4	—	—	—
Totals ..	22	—	116	*4,077	161	3,739	9	4,376	380	—	380

*In accordance with the provisions of part III to the third schedule of the Milk (Special Designation) Regulations, 1960, 116 samples were not submitted to the methylene blue test on account of the atmospheric shade temperature exceeding 70°F.

Rinses and Swabs

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools ..	1,262	49	71	1,382

Water

Sampling Point	Satisfactory	Suspicious	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc. ..	600	45	38	683

Water, swimming-bath water, effluents, Moore's swabs, food, cream, milk, not included in above tables	<i>Samples</i>
Grand total of samples taken (all groups)	1,171
	8,109

Designated Milk Production

At 1st January, 1962, there were 2,689 registered dairy herds of which 95.6 were licensed for the production of tuberculin tested milk. By the end of the year the number of registered dairy farms decreased to 2,597 of which 2,563 (98 per cent) were licensed for tuberculin tested milk production. Of the total milk produced in Dorset approximately ninety-nine per cent came from licensed tuberculin tested herds, the remaining one per cent being from attested herds not licensed for the production of this grade of milk.

Specified Areas

The Milk (Special Designations) (Specified Area) (No. 2) Order, 1962, which came into operation on 25th June, made the Bridport and Lyme Regis boroughs, the rural districts of Beaminster and Bridport and those parishes of the Dorchester rural district not previously specified, areas in which specially designated milk only may be sold by retail. With the coming into force of this Order the whole county is now specified.

In practically all cases consumers are able to obtain a supply of pasteurised or raw tuberculin tested milk and in only a few instances has it been necessary for the Minister of Agriculture, Fisheries and Food to issue a Consent for the retail sale of ungraded milk.

Retail sales are predominantly of bottled milk although there has been an increase in the distribution of milk in cartons, particularly in respect of the holiday trade where some dairymen have experienced quite considerable bottle losses.

Meat and Other Foods

Meat Inspection

The number of licensed general slaughterhouses in the county at 31st December, 1962, was eighteen. One is council-owned and the remainder are in private ownership. In addition there are two bacon factory slaughterhouses and a food factory slaughterhouse.

The amount of meat produced at eight of the slaughterhouses is quite considerable, a fair proportion of it being consigned for sale outside the county area. Full-time meat inspectors are employed at two general slaughterhouses and the bacon and food factory slaughterhouses; except in one instance, meat inspection at the remaining slaughterhouses is undertaken by the district public health inspectors concerned. In the excepted case this duty is performed by a veterinary surgeon appointed by the district council for this specific purpose.

At all slaughterhouses the aim is to maintain a one-hundred-per-cent meat inspection service and, in some cases, this means long and irregular hours of work, including weekends, for the meat inspectors.

In July the Minister of Agriculture, Fisheries and Food and the Minister of Health, acting jointly, submitted to all interested organisations their proposals for meat inspection which it is intended to embody in new regulations. It is particularly interesting to note the proposal that it should be obligatory for district councils to operate a meat inspection service. This would have little impact in Dorset where the district councils already undertake a one-hundred-per-cent meat inspection service. The proposal that no meat shall be removed from the slaughterhouse until it has been inspected and, in the case of carcasses passed as fit for human consumption, marked in an appropriate manner, will be generally welcomed. On the financial side, the new regulations will provide for local authorities to make a charge for the inspection of meat and this should have the effect of easing the cost of providing this very important public health service.

The new regulations are expected to become operative in 1963.

It is noteworthy that tuberculosis, which at one time was one of the main causes for condemnation of beef carcasses at slaughterhouses, has now become a comparatively rare condition. This most satisfactory position is primarily due to the success achieved by the scheme for the eradication of bovine tuberculosis introduced by the Ministry of Agriculture, Fisheries and Food in 1950.

The Slaughterhouses (Hygiene) Regulations—(Appointed Day) Orders

During the year Orders were made under Regulation 1 of the Slaughterhouses (Hygiene) Regulations, 1958, which included the three remaining county districts in Dorset not named in previous Orders. The position at 31st December, 1962, was that all slaughterhouses in the county are now subject to the construction, layout and equipment requirements of the Regulations.

The Manufacture and Sale of Ice Cream

Most of the ice cream sold in the county is the product of manufacturers having a national distribution, although some, is made locally for sale during the holiday season.

The public health inspectors to the county district councils maintained a close supervision over the manufacture and sale of this commodity and during the year they submitted a total of 542 samples to the public health laboratory at Dorchester and 96.6 per cent of the specimens were of a satisfactory grade.

Adulteration of Food and Drugs

The duties of the County Council in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December, 1962:—

<i>Nature of Sample</i>	<i>Number Obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	443	16
Butter	9	—
Cream	11	—
Ice Cream	8	—
Jam	5	—
Potable Spirits	35	—
Sausages	8	1
Sweets and Confectionery	6	—
Other foods	206	23
Drugs	34	3
Totals	765	43

CLEAN AIR

In the county districts the public health inspectors enforce the relevant provisions of the Clean Air Act and, in addition to the question of smoke nuisance from industrial and domestic chimneys, regard is had to vessels in harbour. A useful liaison exists between the public health inspectors and the Alkali Inspectorate.

No serious problems occurred during the year in connection with smoke control. For the most part the county is agricultural and any concentration of industry is confined principally to the Poole area, where are situated a large electricity generating station, gas works and brick, pipe and pottery works. All these consume considerable quantities of raw fuel and are controlled by the Alkali Inspectorate for the purposes of the Clean Air Act.

CARAVANS AND CAMPING

Each year the Dorset coast continues to attract large numbers of holiday-makers and in particular those who prefer the open air, free-and-easy type of holiday associated with camping and caravanning. To meet this need there are camping and caravan sites at various locations along the whole length of the coast from Poole in the east to Lyme Regis in the west. The largest is at Rockley Sands, Poole, where over one thousand caravans can be accommodated and there are other substantial ones at Swanage, Lulworth (Durdle Door), Weymouth, Burton Bradstock, Bridport (West Bay), Charmouth and Lyme Regis. In addition there are numerous sites for touring caravans and tented camps.

During the summer months public health inspectors maintain a close supervision of the caravan and camping sites to ensure compliance with licensing conditions and, in general, they are well maintained, the majority having a main water supply and flushed water closets.

HOUSING

The position regarding new house construction in Dorset during 1962 is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year.

According to the returns the number of new council houses built during the year was 397, of which 165 were in the borough of Poole. When compared with the figures for 1961 this represents a reduction of 187 in the total number of houses erected by the district councils despite the fact that there was an increase in council-house building in the rural districts.

Of the boroughs and urban districts Poole, with a total of 165, built most houses whilst Blandford and Weymouth, with thirty houses each, tie for second place. Wimborne is third with twenty-four houses constructed during the year.

With regard to the nine rural districts, most post-war houses have been built by the Wareham and Purbeck Council, their total at 31st December, 1962, being 881. Sturminster Rural District Council come next with 828 and they are closely followed by Wimborne and Cranborne whose total is 813.

Although, during the year, there was an increase in the rate of council-house construction in the rural districts, there was also an increase in the number of applicants for council-owned accommodation, the figures for 1961 and 1962 being 1,770 and 1,861 respectively. However, many transfer applications are included in the additional ninety-one so that the overall demand appears to remain fairly constant.

Some councils have experienced delays in house building, due to a shortage of labour and inability to obtain tenders whilst in other instances difficulties have been experienced in purchasing suitable sites. These are matters which are bound to affect the rate of house building and must be taken into consideration when assessing the achievements of the district councils from year to year.

With regard to the building of houses in private ownership, as in 1961, most houses were built in the borough of Poole and the surrounding areas of the Wimborne and Cranborne and the Wareham and Purbeck rural areas.

Four-hundred-and-thirty-three houses were built in Poole and 337 in the Wimborne and Cranborne rural district; a further 104 houses were erected in the Wareham and Purbeck rural district, making a total of 874. This represents fifty-three per cent of the overall total of private houses built in the county during the year. The district with the next highest achievement was Weymouth borough where 280 houses were completed. With the exception of Shaftesbury borough, private enterprise houses were built and completed in each of the county districts.

The rate of building of houses for sale has now far outstripped that in respect of council houses. In the year under review 1,640 private dwellings were erected compared with 397 council-owned properties and, as will be seen from the table, the number of post-war private enterprise houses exceeds by 2,571 the corresponding number of dwellings built by the district councils.

Despite the not inconsiderable rise in building costs and the price of building land which has occurred over the past few years, there would appear to be little evidence of any appreciable falling-off in the demand for house ownership. There is an increasing number of young married couples competing in the market for home ownership and this trend should be encouraged by all possible means.

Permanent Houses completed in Dorset since 1st April, 1945

Housing Authority	Position as at 31st December, 1961				Position as at 31st December, 1962			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
<i>Boroughs:</i>								
Blandford Forum ..	40	1	312	49	10	4	342	55
Bridport	22	2	344	167	10	16	354	180
Dorchester	22	35	493	404	42	18	504	467
Lyme Regis	—	9	201	166	—	10	201	178
Poole	193	328	3,755	5,417	169	449	3,920	5,850
Shaftesbury	—	8	138	85	—	8	138	85
Wareham	—	5	147	170	21	12	147	187
Weymouth and Melcombe Regis ..	51	181	1,747	1,650	17	105	1,777	1,930
<i>Urban Districts:</i>								
Portland	—	9	452	118	—	5	452	128
Sherborne	8	5	341	82	—	4	349	88
Swanage	—	36	230	435	—	63	230	481
Wimborne Minster ..	24	13	192	51	—	19	216	67
<i>Rural Districts:</i>								
Beaminster	—	12	352	180	13	11	352	208
Blandford	69	16	465	315	13	27	546	365
Bridport	8	30	241	365	10	26	249	405
Dorchester	6	94	557	565	—	92	567	643
Shaftesbury	4	17	433	253	4	27	439	283
Sherborne	10	25	244	139	—	46	254	192
Sturminster	—	15	825	182	—	27	828	200
Wareham and Purbeck ..	53	16	881	1,038	31	14	881	1,142
Wimborne and Cranborne ..	—	161	812	2,659	8	189	813	2,996
Totals	510	1,018	13,162	14,490	348	1,172	13,559	16,130

*The Housing (Financial Provisions) Act, 1958**The Improvement of Dwellings—rural districts*

The total number of applications received by the rural district councils for improvement grants to private property was 243, which is six more than for the year 1961, and 221 schemes were approved affecting 240 properties. In 1961, 261 properties were improved.

One scheme in the Beaminster rural district and four schemes in the Sherborne rural district were approved during the year in respect of council-owned property and as a result six houses were improved, four of which were in the Sherborne rural district. The highest number of applications—fifty-four—was received by the Wareham and Purbeck Rural District Council and the Wimborne and Cranborne Rural District Council was a close second with fifty-three.

Since the introduction in August, 1949, of the provisions for discretionary improvement grants, the total number of applications in respect of private property received by the rural district councils up to 31st December, 1962, was 2,756 and the number of dwellings improved was 2,981.

The rural districts in which most private dwellings had been improved during the period 1st August, 1949, to 31st December, 1962, were:—

Wimborne and Cranborne	619
Dorchester	520
Wareham and Purbeck	480

The lowest number of improvement schemes were in the Bridport rural district where in the last thirteen years 161 applications were received and 162 dwellings improved. In this connection it is noteworthy that this rural district council, in conjunction with the Bridport Borough Council, have arranged a 'Better Homes Week' exhibition in May, 1963, and it is hoped that this type of exhibition, advocated by the Ministry of Housing and Local Government, will result in a stimulation of interest in the district in the improvement grant scheme.

Applications for grants continue for the most part to be in respect of owner/occupied dwellings and it is to be regretted that many owners of tenanted houses suitable for improvement have not taken advantage of the grant provisions which would result in the raising of the standard of housing and at the same time prolong the life of houses which will otherwise remain sub-standard or become unfit.

*The House Purchase and Housing Act, 1959 (Part II)**Standard Grant Improvements—rural districts*

Two-hundred-and-fifty-six applications for standard improvement grants were received during the year, of which 236 were approved, affecting 239 dwellings. This represents a decrease of fifty-six in the number of applications compared with 1961 and sixty fewer dwellings were affected.

There was an increase in the number of applications received by Beaminster, Blandford and Sturminster Rural District Councils whilst decreases were experienced by the remaining six councils. In the Sherborne rural district applications decreased from twenty-two in 1961 to eight for the year 1962, and in the Wimborne and Cranborne rural district the decrease was from sixty-four to thirty-two.

As in the case for discretionary grants, the majority of applications were in respect of owner/occupied houses and the foregoing observations made in respect of schemes for the improvement of tenanted dwellings apply equally in connection with the provision of standard amenities.

The rural districts in which most schemes for standard grants were approved were:—

Blandford	..	..	..	40
Sturminster	..	..	..	38
Dorchester	..	..	..	33

Housing Accommodation for Old People

As at 31st December, 1962, the total number of post-war dwellings for old people which had been built by the nine rural district councils was 790, of which 234 are dwellings in respect of which the County Council make contributions towards the provision of certain services.

During the year ended 31st December, 1962, six of the nine rural district councils built housing accommodation for the elderly, the highest number being in the Blandford rural district where thirty-five properties were erected, twenty-three of which are the subject of contributions by the County Council.

Sturminster Rural District Council have provided the greatest amount of accommodation for old people with a total of 305 dwellings. Blandford and Wimborne and Cranborne Rural District Councils follow with ninety-eight and ninety-one dwellings respectively.

Excluding the Wareham and Purbeck Rural District Council, who have no special list of applicants, there was on 31st December, 1962, a total of 398 old people on the waiting lists for this type of accommodation, of which 104 were in the Dorchester rural district; Sherborne, with twenty-six, had the smallest number of applicants. With the exception of Sturminster, each of the rural district councils has a building programme for 1963 of dwellings for old people, the highest number being in the Dorchester rural district where it is proposed to construct thirty-six bungalows; Shaftesbury comes next with six houses and twenty-eight flats.

The total number of applicants for accommodation in the nine rural districts increased from 352 to 398 during the year, which indicates that the provision of suitable housing accommodation for the elderly is a matter of some urgency and one that demands the earnest consideration of the district councils when formulating their housing policies.

Housing Act, 1957—Clearance Areas and Individual Unfit Houses

The following table summarises the work undertaken by the district councils in connection with clearance areas and individual unfit houses, the figures being taken from the Ministry of Housing and Local Government returns.

The number of individual unfit houses which were either demolished or closed during the year ended 30th September, 1962, was 164 and this is five less than the previous year. The greatest number of houses demolished or closed was in the Blandford rural district where twenty-one properties were dealt with in this manner.

As might be expected, most work in connection with clearance areas was undertaken in Poole where during the year the borough council closed or demolished 126 houses. A considerable amount of clearance and redevelopment work has been undertaken by the Poole Borough Council, particularly in the Old Town area, and during the period 1st January, 1955 to 30th September, 1962, 486 dwellings have been dealt with.

The year also saw considerable activity in regard to clearance areas in the Wimborne urban district where the district council took appropriate action in respect of fifty-six houses. This is a notable achievement for a small urban district council and in conjunction with their action in respect of seventeen individual unfit houses it has resulted in seventy-three houses being either closed or demolished.

Of the nine rural districts, the greatest number of individual unfit houses closed or demolished was in the Blandford area where the district council took action in the case of twenty-one dwellings. Beaminster came second with eighteen houses closed or demolished. Apart from Sherborne and Sturminster, each of which took action concerning two houses, none of the rural district councils carried out demolition or closure procedure in respect of dwellings in clearance areas.

Statistics

<i>Housing Authority</i>	<i>Houses in Clearance Areas and Unfit Houses Elsewhere</i>			<i>Houses in Clearance Areas and Unfit Houses Elsewhere</i>		
	<i>Included in orders confirmed</i> 1.1.55— 31.12.61	<i>Demolished or closed</i> 1.1.55—30.9.61		<i>Included in orders confirmed</i> 1.1.55— 31.12.62	<i>Demolished or closed</i> 1.1.55—30.9.62	
		<i>In clearance areas</i>	<i>Elsewhere</i>		<i>In clearance areas</i>	<i>Elsewhere</i>
<i>Boroughs:</i>						
Blandford Forum	—	3	31	—	3	45
Bridport ..	22	20	60	32	27	71
Dorchester ..	93	64	95	93	86	112
Lyme Regis ..	6	1	11	6	7	16
Poole ..	583	360	93	700	486	108
Shaftesbury ..	8	11	8	8	11	8
Wareham ..	—	—	7	—	—	7
Weymouth and Melcombe Regis	40	38	91	40	38	98
<i>Urban Districts:</i>						
Portland ..	—	—	32	—	—	35
Sherborne ..	36	36	—	36	39	—
Swanage ..	—	—	1	—	—	1
Wimborne Minster	86	26	6	86	82	23
<i>Rural Districts:</i>						
Beaminster ..	10	22	48	10	22	66
Blandford ..	—	—	60	—	—	81
Bridport ..	7	2	5	10	2	5
Dorchester ..	8	8	150	8	8	163
Shaftesbury ..	—	9	95	—	9	99
Sherborne ..	—	2	34	—	4	35
Sturminster ..	—	10	41	—	12	41
Wareham and Purbeck	—	—	65	—	—	69
Wimborne and Cranborne	—	—	86	—	—	100
Totals ..	899	612	1,019	1,029	836	1,183

TABLE 1—VITAL STATISTICS

Area:—623,746 Acres	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Population:—										
Urban Districts ..	185,800	188,070	188,700	188,400	188,700	187,500	189,600	192,540	195,330	197,780
Rural Districts ..	113,560	113,430	115,300	115,700	116,400	116,500	117,900	118,750	120,250	122,020
Whole County ..	299,360	301,500	304,000	304,100	305,100	304,000	307,500	311,290	315,580	319,800
Rateable Value ..	£2,055,181	£2,094,569	£2,155,508	£3,660,710	£3,564,262	£3,606,673	£3,917,475	£4,043,967	£4,129,179	£4,243,350
Estimated Product of a Penny Rate ..	£8,121	£8,300	£8,518	£14,593	£14,102	£14,366	£15,574	£16,286	£16,750	£17,332
Births:—										
Still Births ..	104	102	91	93	91	80	85	100	102	103
Live Births ..	4,354	4,297	4,172	4,213	4,312	4,485	4,518	4,817	4,823	5,071
Legitimate ..	4,139	4,103	3,984	4,014	4,121	4,299	4,292	4,584	4,558	4,771
Illegitimate ..	215	194	188	199	191	186	226	233	265	300
TOTALS ..	4,458	4,399	4,263	4,306	4,403	4,565	4,603	4,917	4,925	5,174
Live Birth Rate (per 1,000 population) ..	14.5	14.2	13.7	13.8	14.1	14.7	14.6	15.4	15.2	15.8
Still Birth Rate (per 1,000 total births) ..	23.3	23.1	21.3	22.6	20.7	17.5	18.4	20.3	20.7	19.9
Live Birth Rate (England & Wales) ..	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1	17.4	18.0
Deaths:—										
Total Deaths (all ages) ..	3,615	3,447	3,729	3,790	3,653	3,833	3,840	3,902	4,077	4,270
Death Rate (per 1,000 population) ..	12.0	11.4	12.2	12.5	11.9	12.6	12.4	12.5	12.9	13.3
Death Rate (England and Wales) ..	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9
Infant Mortality:—										
Deaths under 1 year of age ..	104	98	104	103	86	84	79	96	96	111
Legitimate ..	97	94	96	97	79	79	73	89	91	105
Illegitimate ..	7	4	8	6	7	5	6	7	5	6
Mortality Rate (per 1,000 Legitimate live births) ..	23.4	22.9	24.0	24.2	19.2	18.4	17.0	19.1	19.9	22.0
Mortality Rate (per 1,000 Illegitimate live births) ..	32.5	20.6	42.5	30.2	36.7	26.9	26.5	30.0	18.8	20.0
Mortality Rate (per 1,000 live births) ..	23.0	22.0	24.9	24.5	20.0	18.7	17.4	19.9	19.9	21.8
Mortality Rate (England & Wales) ..	26	25.5	24.9	23.8	23.1	22.5	22.0	21.7	21.4	21.4
Maternal Mortality:—										
Maternal Deaths ..	5	†3	1	2	—	3	2	2	2	3
Maternal Mortality Rate (per 1,000 births) ..	1.1	0.68	0.23	0.47	—	0.6	0.43	0.4	0.4	0.5
TUBERCULOSIS.										
Deaths.										
All forms ..	45	41	30	27	29	19	16	15	19	12
Death-rate per 1,000 population ..	0.15	0.13	0.09	0.08	0.09	0.06	0.05	0.04	0.06	0.03
Pulmonary ..	39	37	28	24	24	15	14	12	18	10
Death-rate per 1,000 population ..	0.13	0.12	0.09	0.07	0.07	0.04	0.04	0.03	0.05	0.03
Non-Pulmonary ..	6	4	2	3	5	4	2	3	1	2
Death-rate per 1,000 population ..	0.02	0.01	0.006	0.009	0.01	0.01	0.006	0.009	0.003	0.006
Notifications:—										
All forms ..	209	175	155	214	166	148	151	141	96	94
Pulmonary ..	163	146	135	184	148	136	131	116	82	80
Non-Pulmonary ..	46	29	20	30	18	12	20	25	14	14
Notification Register as at 31st December:—										
All forms ..	1,667	1,634	1,632	1,719	1,775	1,817	1,886	1,905	1,868	1,815
Pulmonary:										
Males ..	750	773	794	835	867	902	928	961	934	908
Females ..	582	597	613	657	693	707	749	746	739	713
Non-Pulmonary:										
Males ..	178	135	107	105	97	94	94	89	84	84
Females ..	157	129	118	122	118	114	115	109	111	110

† Includes one at age 45 where the interval between maternal condition and death was stated to exceed 12 months.

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1962	Comparable Totals, 1961	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne M.B.
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, respiratory	6	3	1	—	10	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
2. Tuberculosis, other	1	—	1	—	2	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	1	—	2	—	3	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	2	1	2	1	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
10. Malignant neoplasm, stomach	30	27	14	16	87	95	—	1	2	—	1	—	1	7	1	—	1	1	1	1	—	1	—	1	5	7	—
11. Malignant neoplasm, lung, bronchus	79	20	46	8	153	158	1	—	2	1	4	1	2	1	3	—	1	1	4	—	2	2	1	1	12	5	3
12. Malignant neoplasm, breast	1	66	1	37	105	68	—	1	—	5	—	2	—	1	—	2	—	1	—	6	—	5	—	1	—	15	—
13. Malignant neoplasm, uterus	—	25	—	10	35	30	—	—	—	1	—	—	—	1	—	2	—	—	2	—	2	—	2	—	4	—	—
14. Other malignant and lymphatic neoplasms	124	123	80	55	382	402	2	2	6	8	7	13	7	3	8	6	2	4	3	2	5	3	4	3	24	22	1
15. Leukaemia, aleukaemia	5	7	6	3	21	18	—	1	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	3	2	—
16. Diabetes	5	9	9	10	33	43	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2	—	—
17. Vascular lesions of nervous system	175	246	66	113	600	568	5	5	7	16	18	24	3	4	15	10	1	3	5	7	7	12	2	—	37	60	3
18. Coronary disease, angina	297	221	161	99	778	754	8	3	8	12	20	18	13	5	11	8	3	2	6	7	11	10	6	9	69	54	4
19. Hypertension with heart disease	18	33	8	14	73	80	—	—	—	—	1	2	—	—	2	2	1	—	—	4	—	—	—	—	4	11	—
20. Other heart disease	148	218	107	129	602	583	5	3	6	7	17	14	4	4	14	7	2	3	5	6	6	11	2	2	18	42	4
21. Other circulatory disease	55	84	47	58	244	198	3	3	1	1	3	3	—	—	4	2	2	4	4	4	1	6	1	2	6	7	1
22. Influenza	8	13	3	4	28	65	1	—	2	1	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	3	—
23. Pneumonia	69	68	37	58	232	235	2	1	5	3	4	7	2	1	3	2	—	2	4	2	3	3	1	1	9	18	1
24. Bronchitis	80	36	35	20	171	136	1	1	4	—	7	1	3	—	3	1	1	—	4	—	—	—	1	—	15	10	1
25. Other diseases of respiratory system	15	13	10	4	42	30	—	1	—	—	1	2	—	—	—	—	1	1	—	1	—	—	—	—	1	1	1
26. Ulcer of stomach and duodenum	16	8	6	3	33	25	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	7	8	3	2	20	17	—	—	1	1	1	—	—	—	—	—	1	2	1	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	10	4	6	8	28	22	2	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1
29. Hyperplasia of prostate	27	—	13	—	40	38	—	—	1	—	2	—	—	—	1	—	1	—	2	—	4	—	—	—	5	—	—
30. Pregnancy, childbirth, abortion	—	2	—	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	11	11	11	6	39	46	1	—	—	—	2	1	—	—	1	—	—	1	—	—	—	—	—	—	3	2	—
32. Other defined and ill-defined diseases	101	119	51	78	349	290	3	3	1	7	9	10	1	2	4	4	—	2	7	4	8	5	2	7	23	23	1
33. Motor vehicle accidents	17	11	11	11	50	38	—	—	—	2	4	—	—	—	—	—	—	—	1	2	—	—	—	—	5	3	—
34. All other accidents	16	18	16	12	62	67	—	2	—	—	3	—	—	2	—	—	1	—	—	—	—	—	—	—	4	3	—
35. Suicide	12	12	11	1	36	34	—	—	3	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	3	2	—
36. Homicide and operations of war	1	1	—	—	2	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
<i>All Causes</i>	1,337	1,407	764	762	4,270	4,077	34	27	49	66	108	102	38	26	79	49	16	28	51	48	48	62	23	29	253	301	25
Deaths of infants under 1 year:—																											
Total	40	29	27	15	111	96	2	2	—	1	3	2	1	—	5	—	—	—	—	—	4	1	—	—	13	4	1
Legitimate	40	25	26	14	105	91	2	2	—	1	3	2	1	—	5	—	—	—	—	—	4	1	—	—	13	3	1
Illegitimate	—	4	1	1	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Live Births:—																											
Total	1,601	1,468	1,033	969	5,071	4,823	40	24	40	34	107	97	21	17	100	105	21	20	46	27	42	42	34	30	367	343	28
Legitimate	1,503	1,362	986	920	4,771	4,558	38	20	37	33	103	92	18	17	94	100	21	19	42	26	37	37	33	30	346	327	26
Illegitimate	98	106	47	49	300	265	2	4	3	1	4	5	3	—	6	5	—	1	4	1	5	1	—	—	21	16	2
Still Births:—																											
Total	29	26	27	21	103	102	—	3	—	—	1	1	—	1	1	1	—	—	—	—	1	—	1	—	6	6	—
Legitimate	27	26	25	21	99	96	—	3	—	—	1	1	—	1	1	—	—	—	—	—	1	—	—	—	5	6	—
Illegitimate	2	—	2	—	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
<i>Estimated 'Home' population, 1962 (which includes non-civilians)</i>	197,780		122,020		319,800	—	3,490		6,520		12,750		3,510		12,120		3,280		7,140		7,410		3,110		41,390		4,92,92
<i>Estimated 'Home' population, 1961 (which includes non-civilians)</i>	195,330		120,250		—	315,580	3,500		6,490		12,130		3,510		13,510		3,290		7,110		7,250		3,070		40,620		4,80,69

<i>Wootton Bassett R.D.</i>	<i>Beaminster R.D.</i>		<i>Blandford R.D.</i>		<i>Bridport R.D.</i>		<i>Dorchester R.D.</i>		<i>Shaftesbury R.D.</i>		<i>Sherborne R.D.</i>		<i>Sturminster R.D.</i>		<i>Wareham and Purbeck R.D.</i>		<i>Wimborne and Cranborne R.D.</i>	
<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—
11	2	—	1	2	2	1	2	3	4	1	—	1	—	1	1	1	2	6
7	4	2	6	—	3	1	4	1	6	—	3	—	3	1	4	2	13	1
24	1	2	—	4	—	—	—	5	—	6	—	1	—	2	—	8	—	9
11	—	—	—	1	—	1	—	4	—	1	—	—	—	2	—	—	—	1
54	7	4	5	2	5	5	12	12	2	7	4	—	9	2	13	11	23	12
2	1	—	—	—	—	2	1	—	—	1	—	—	—	—	2	—	2	—
4	3	2	—	1	1	—	2	—	—	1	1	—	—	3	—	1	2	1
99	3	12	5	10	5	3	12	25	5	10	3	4	5	15	8	16	20	18
92	11	6	11	5	17	7	22	16	9	11	7	—	18	8	22	21	44	25
13	1	1	2	—	—	1	2	3	—	—	—	1	1	2	—	—	2	6
112	10	9	12	13	8	8	26	28	12	15	6	2	10	14	10	10	13	30
48	1	1	1	4	2	2	11	6	8	10	—	—	10	15	5	8	9	12
4	—	2	—	—	1	—	—	—	—	—	—	—	1	—	—	1	1	1
26	2	5	2	3	3	2	6	16	3	4	1	—	4	11	4	6	12	11
22	6	1	3	—	3	—	8	3	—	4	3	1	1	1	3	5	8	5
5	—	—	2	1	1	—	1	2	—	—	—	—	3	—	—	1	3	—
6	1	—	1	—	—	—	—	1	—	1	—	—	1	—	2	—	1	1
5	—	—	—	—	1	—	2	1	—	—	—	—	—	—	—	—	—	4
3	—	—	—	1	—	1	3	1	1	—	—	—	—	—	—	1	2	—
—	—	—	—	—	2	—	1	—	1	—	3	—	3	—	1	—	2	—
2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
6	2	—	2	1	1	1	—	—	1	—	—	—	2	—	1	3	2	1
51	6	9	2	3	4	3	10	13	5	5	5	4	5	9	7	11	7	21
4	—	1	1	—	—	—	1	1	1	3	—	—	—	1	4	1	4	4
10	—	—	2	—	—	1	1	3	3	1	—	—	3	1	4	2	3	4
10	1	—	—	—	3	—	3	—	2	—	—	—	—	—	1	1	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
634	62	57	58	51	62	39	132	145	64	81	37	16	80	88	91	111	178	174
19	3	—	4	2	—	—	3	3	3	2	1	—	3	1	5	5	5	2
16	3	—	4	1	—	—	3	3	3	2	1	—	3	1	5	5	4	2
3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
703	60	63	96	84	42	42	148	135	72	73	58	51	72	64	228	215	257	242
638	59	60	88	82	41	38	140	127	70	70	56	51	68	61	218	202	246	229
65	1	3	8	2	1	4	8	8	2	3	2	—	4	3	10	13	11	13
14	1	1	4	—	2	1	6	3	2	—	1	1	1	3	3	9	7	3
14	1	1	4	—	2	1	5	3	1	—	1	1	1	3	3	9	7	3
—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
20	8,270		11,360		7,800		18,110		9,600		6,090		9,930		22,170		28,690	
90	8,240		11,280		7,650		18,010		9,610		5,990		9,810		21,570		28,090	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET

Aggregate of Urban Districts

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	—	1	4	1	2	1	—	—
2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—	1	—	7	3	12	7	10	17
11	—	—	—	—	—	—	—	—	4	—	32	8	29	8	14	4
12	—	—	—	—	—	—	—	—	—	3	—	31	1	18	—	14
13	—	—	—	—	—	—	—	—	—	4	—	11	—	6	—	4
14	—	—	—	1	—	—	—	—	8	4	38	34	36	36	42	48
15	—	—	1	—	—	—	—	—	—	1	3	3	—	1	1	2
16	—	—	—	—	—	—	—	—	—	1	1	2	2	3	2	3
17	—	—	—	—	—	—	—	—	1	2	35	27	56	55	83	162
18	—	—	—	—	—	—	—	—	7	—	91	25	89	66	110	130
19	—	—	—	—	—	—	—	—	—	—	4	4	9	10	5	19
20	—	—	—	—	—	—	—	—	—	4	14	14	26	37	108	163
21	—	—	—	—	—	—	—	—	1	—	13	7	11	14	30	63
22	—	—	—	—	—	—	—	—	—	2	1	1	2	3	5	7
23	5	4	1	1	2	—	2	—	—	1	8	2	21	10	30	50
24	—	—	—	1	—	—	—	—	1	—	19	4	28	12	32	19
25	—	—	—	1	—	—	—	—	—	—	6	2	6	2	3	8
26	—	—	—	—	—	—	—	—	1	—	2	1	3	4	10	3
27	—	—	—	1	—	—	—	—	—	—	2	—	1	3	4	4
28	—	—	—	—	—	—	—	—	—	1	3	1	1	2	6	—
29	—	—	—	—	—	—	—	—	—	—	2	—	5	—	20	—
30	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
31	7	6	2	3	—	—	—	—	—	—	1	1	1	—	—	1
32	25	17	3	1	1	1	2	1	4	8	19	19	15	19	32	53
33	1	—	—	—	—	—	4	1	4	1	2	4	4	2	2	3
34	1	2	—	—	2	1	2	—	1	2	3	2	3	—	4	11
35	—	—	—	—	—	—	—	—	5	2	4	5	2	3	1	2
36	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—
	40	29	8	11	5	2	10	2	38	39	315	212	367	322	554	790

TABLE 3 (cont.)

Aggregate of Rural Districts

0—		1—		5—		15—		25—		45—		65—		75—		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	9
—	—	—	—	—	—	—	—	—	—	3	1	7	8	4	7	10
—	—	—	—	—	—	—	—	—	—	24	4	17	4	5	—	11
—	—	—	—	—	—	—	—	—	5	—	8	—	13	1	11	12
—	—	—	—	—	—	—	—	—	1	—	4	—	3	—	2	13
—	—	—	1	1	—	—	—	1	1	28	21	21	18	29	14	14
—	—	—	—	—	—	—	—	1	—	2	—	2	2	1	1	15
—	—	—	—	—	—	—	—	—	—	2	3	2	2	5	5	16
—	—	—	—	—	—	—	—	—	—	9	10	18	31	39	72	17
—	—	—	—	—	—	—	—	5	—	42	19	62	33	52	47	18
—	—	—	—	—	—	—	—	—	—	—	4	5	4	3	6	19
—	—	—	—	—	—	—	—	—	1	10	14	27	22	70	92	20
—	—	—	—	—	—	—	—	—	1	10	6	7	9	30	42	21
—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	4	22
1	2	—	2	—	—	—	—	1	—	6	3	9	3	20	48	23
2	—	—	—	—	—	—	—	—	—	10	1	6	6	17	13	24
—	—	—	—	—	—	—	—	—	—	4	1	2	—	4	3	25
—	—	—	—	—	—	—	—	—	—	1	—	2	1	3	2	26
1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	27
—	—	—	1	1	—	—	—	1	1	—	2	1	1	3	3	28
—	—	—	—	—	—	—	—	—	—	—	—	6	—	7	—	29
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	30
8	2	1	—	—	—	—	1	1	1	1	1	—	—	—	1	31
15	9	—	2	1	—	—	2	3	6	7	9	12	17	13	33	32
—	1	—	—	1	2	2	1	1	4	6	1	1	—	—	2	33
—	—	—	1	1	—	2	—	6	—	5	1	—	2	2	8	34
—	—	—	—	—	—	—	—	5	—	2	1	2	—	2	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
27	15	1	7	5	2	4	4	25	22	173	114	214	181	315	417	

TABLE 4—CAUSES OF DEATH AT ALL AGES

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
1	39	37	28	24	24	15	14	12	18	10
2	6	4	2	3	5	4	2	3	1	2
3	4	12	9	3	11	7	4	3	4	3
4	—	—	—	—	—	—	—	—	—	—
5	1	1	—	1	1	—	—	—	—	—
6	1	1	1	1	—	—	—	2	—	1
7	2	2	3	1	1	—	1	—	—	—
8	1	—	5	—	—	—	1	—	1	—
9	7	4	—	4	8	8	9	3	9	6
10	90	100	93	101	77	101	75	85	95	87
11	83	82	107	101	101	130	130	125	158	153
12	69	69	50	60	76	75	82	74	68	105
13	28	20	23	24	26	20	30	25	30	35
14	373	341	339	380	358	363	384	386	402	382
15	20	10	17	18	21	26	23	17	18	21
16	25	20	27	33	16	21	25	27	43	33
17	513	559	575	581	546	603	567	577	568	600
18	519	469	582	610	593	611	642	672	754	778
19	68	69	76	73	64	74	63	87	80	73
20	659	606	665	647	607	677	609	631	583	602
21	161	183	177	166	173	168	211	212	198	244
22	56	7	19	23	49	17	79	4	65	28
23	123	124	140	182	146	137	158	148	235	232
24	131	102	115	101	103	153	101	132	136	171
25	41	35	32	48	50	34	34	57	30	42
26	37	44	41	31	33	38	33	35	25	33
27	19	14	14	22	27	13	22	15	17	20
28	39	46	36	31	36	30	36	26	22	28
29	39	36	29	44	43	38	42	36	38	40
30	5	3	1	2	—	3	2	2	2	3
31	21	27	31	29	32	39	26	37	46	39
32	305	279	333	309	290	298	287	319	290	349
33	30	26	31	32	38	38	51	45	38	50
34	55	73	94	69	65	66	66	66	67	62
35	40	41	27	31	33	26	30	37	34	36
36	5	1	7	5	—	—	1	2	2	2

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Scarlet Fever	188	184	72	107	113	147	227	140	55	53
Whooping Cough	1,125	878	591	373	870	262	161	110	238	38
Diphtheria (including Membranous Croup)	—	1	—	—	1	—	1	1	—	—
Measles (excluding Rubella)	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431	606
Acute Pneumonia (Primary or Influenzal)	296	211	166	141	173	124	190	89	90	76
Meningococcal Infection	5	4	5	7	5	3	4	1	—	—
Acute Poliomyelitis	150	27	50	11	10	8	3	1	—	—
Acute Polioencephalitis										
Acute Encephalitis	2	2	3	2	3	4	—	1	1	3
Dysentery	68	68	13	63	2	4	112	238	28	8
Ophthalmia Neonatorum	1	1	7	2	6	1	4	6	5	1
Puerperal Pyrexia	76	58	65	60	59	51	50	62	87	118
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	1	16	1	—	—	—	2	—	1
Enteric or Typhoid Fever (excluding Paratyphoid)	2	—	—	—	1	—	1	1	—	1
Food Poisoning (excluding Dysen- tery, Typhoid and Paratyphoid)	23	35	63	191	29	210	48	24	45	17
Erysipelas	40	46	50	33	22	37	19	23	15	13
Malaria—Believed to be contracted in this country	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad	5	2	4	5	2	1	—	—	—	—
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
Not Notifiable Until 1960								—	—	—

TABLE 6—ANTE-NATAL CLINICS, 1962

Name of Clinic	Average Attendance per session	New Cases	Attendances	No. of Openings
<i>Midwives' Sessions</i>				
Branksome	10	248	1,037	101
Broadstone	4	19	94	21
Burlea Towers	5	44	130	24
Poole Central Clinic	13	98	588	45
Market Street	6	33	147	25
Hamworthy	13	84	351	26
Oakdale	13	162	686	51
Wallisdown	7	87	387	50
TOTALS	—	775	3,420	343

TABLE 7—ATTENDANCES AT WELFARE CENTRES DURING 1962

Centre	Average Attendance per Session	New Cases				Attendances					Number of Openings
		Born in				Under 1 year	Under 1 year	1—2 years	2—5 years	Totals	
		1962	1961	1957-60	Totals						
Beaminster ..	26.9	39	40	41	120	43	380	118	121	619	23
Blandford ..	31.8	46	45	72	163	54	429	212	124	765	24
Blandford Camp ..	33.3	51	64	52	167	61	974	313	315	1,602	48
Bovington Camp ..	33.8	56	44	10	110	66	610	55	12	677	20
Bridport ..	16.9	39	36	74	149	49	507	201	157	865	51
Colehill ..	25.6	26	34	15	75	41	208	51	49	308	12
Corfe Mullen ..	30.7	60	59	75	194	74	652	186	145	983	32
Dorchester ..	35.3	200	222	157	579	247	2,042	400	210	2,652	75
Ferndown ..	27.9	53	43	21	117	63	472	146	53	671	24
Gillingham ..	24.9	57	31	26	114	75	749	228	292	1,269	51
Handley ..	16.2	15	16	29	60	18	93	33	53	179	11
Lyme Regis ..	19.8	26	28	30	84	33	286	93	97	476	24
Lytchett Matravers ..	27.3	15	15	18	48	20	170	56	102	328	12
Sandford ..	38.5	30	35	57	122	36	269	75	118	462	12
Shaftesbury ..	19.3	54	57	66	177	71	577	171	238	986	51
Sherborne ..	38.4	92	99	76	267	128	1,439	358	123	1,920	50
Sturminster Newton ..	17.1	34	12	6	52	43	520	109	244	873	51
Swanage ..	37.0	81	98	139	318	108	1,018	407	467	1,892	51
Upton ..	46.9	60	58	50	168	65	774	168	184	1,126	24
Verwood ..	28.3	45	54	50	149	56	442	145	94	681	24
Wareham ..	45.9	86	82	114	282	94	1,357	406	537	2,300	51
West Moors ..	19.1	34	21	22	77	38	314	83	43	440	23
West Parley ..	15.4	21	21	27	69	23	211	67	93	371	24
Wimborne ..	32.8	66	98	52	216	84	1,264	204	239	1,707	52
Wool ..	24.2	53	46	31	130	61	417	95	70	582	24
Poole Area											
Branksome ..	37.5	311	160	131	602	288	3,196	380	290	3,866	103
Broadstone ..	36.0	65	88	108	261	69	1,106	478	252	1,836	51
Canford Magna ..	12.1	8	9	21	38	10	71	32	43	146	12
Central Clinic ..	22.6	95	22	53	170	109	922	309	196	1,427	63
Creekmoor ..	21.3	24	35	45	104	24	274	91	125	490	23
Hamworthy ..	45.6	148	100	116	364	186	1,968	476	477	2,921	64
Longfleet ..	29.6	5	41	57	103	13	146	56	35	237	8
Lower Parkstone ..	27.2	7	52	68	127	15	181	66	80	327	12
Newtown ..	49.0	129	97	174	400	148	1,305	453	593	2,351	48
Oakdale ..	53.7	133	111	238	482	162	1,833	486	422	2,741	51
Old Town ..	40.0	56	83	142	281	67	1,107	470	423	2,000	50
Rossmore ..	35.4	90	72	125	287	89	1,001	315	386	1,702	48
St. Aldhelm's ..	41.3	12	58	65	135	27	281	102	113	496	12
Wallisdown ..	44.2	117	113	264	494	133	1,230	416	612	2,258	51
Waterloo ..	38.0	83	69	144	296	73	769	229	310	1,308	37
South Dorset Area											
Broadwey ..	36.4	68	68	52	188	85	1,406	214	165	1,785	49
Chickerell ..	25.9	26	34	19	79	32	395	131	45	571	22
Lanehouse ..	27.7	41	32	20	93	47	565	74	26	665	24
Littlemoor ..	24.2	35	18	55	108	39	326	106	126	558	23
Portland Tophill ..	53.6	95	95	111	301	108	2,140	330	264	2,734	51
Portland Underhill ..	47.4	85	102	90	277	99	1,883	318	217	2,418	51
Preston ..	36.2	46	35	79	160	51	558	218	166	942	26
Southill ..	25.8	45	37	23	105	48	676	149	54	879	34
Weymouth ..	48.1	285	220	88	593	339	4,081	332	300	4,713	98
Wyke Resgis ..	46.7	101	102	42	245	112	2,043	256	84	2,383	51
TOTALS ..	—	3,449	3,211	3,640	10,300	4,024	45,637	10,867	9,984	66,488	1,906

WELFARE CENTRES

TABLE 8—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1958—1962

Name of Centre	1958			1959			1960			1961			1962		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
Beaminster ..	597	23	26.0	543	23	23.6	595	24	24.7	600	24	25.0	619	23	26.9
Blandford ..	604	23	26.2	533	24	22.2	768	24	32.0	920	24	38.3	765	24	31.8
Blandford Garrison ..	2,241	48	46.7	2,357	47	50.1	2,168	49	44.2	1,781	48	37.1	1,602	48	33.3
Bovington Camp ..	1,102	22	50.0	1,162	24	40.8	694	24	28.9	773	23	33.6	677	20	33.8
Bradford Abbas ..	413	24	17.1	569	24	23.7	722	24	30.0	340	24	14.1	—	—	—
Bridport ..	1,326	53	25.0	1,095	50	21.9	1,361	51	26.8	1,380	51	27.0	865	51	16.9
Charmouth ..	153	12	12.7	170	12	14.1	153	12	12.7	77	8	9.6	—	—	—
Colehill ..	—	—	—	—	—	—	—	—	—	34	2	17.0	308	12	25.6
Corfe Mullen ..	303	16	18.9	433	12	36.0	371	12	30.9	387	12	32.2	983	32	30.7
Dorchester ..	2,872	74	38.8	2,924	73	40.0	2,559	77	33.2	2,297	76	30.2	2,652	75	35.3
Ferndown ..	752	25	30.0	752	24	31.3	741	24	30.8	747	24	31.1	671	24	27.9
Gillingham ..	910	42	20.6	1,590	52	30.5	1,674	52	32.1	1,569	51	30.7	1,269	51	24.9
Handley ..	222	12	18.5	257	12	21.4	177	12	14.7	158	12	13.1	179	11	16.2
Lulworth Camp ..	230	12	19.3	168	12	14.0	155	11	14.0	22	2	11.0	—	—	—
Lyme Regis ..	499	24	20.8	378	24	15.7	380	23	16.9	513	24	21.3	476	24	19.8
Lytchett ..	—	—	—	—	—	—	—	—	—	197	10	19.7	328	12	27.3
Matravers ..	—	—	—	—	—	—	—	—	—	476	12	39.6	462	12	38.5
Sandford ..	210	12	25.6	427	12	35.5	589	12	49.0	1,166	51	22.8	986	51	19.3
Shaftesbury ..	1,132	40	28.2	1,070	51	21.0	836	52	16.0	2,063	51	40.4	1,920	50	38.4
Sherborne ..	2,713	52	52.1	2,647	52	50.9	3,151	52	60.5	2,063	51	40.4	1,920	50	38.4
Sturminster ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Newton ..	478	35	13.7	649	50	13.0	803	53	17.0	767	51	15.0	873	51	17.1
Swanage ..	1,558	50	31.6	2,041	50	40.8	1,803	52	34.6	1,980	51	38.8	1,892	51	37.0
Thorncombe ..	200	12	16.7	202	12	16.8	213	12	17.7	71	3	23.6	—	—	—
Upton ..	793	22	36.0	845	21	40.2	1,054	23	45.8	986	23	42.8	1,126	24	46.9
Verwood ..	555	24	23.1	587	24	24.4	530	24	22.0	587	24	24.4	681	24	28.3
Wareham ..	2,198	51	43.0	2,155	50	43.1	2,129	52	40.9	2,365	51	46.3	2,300	51	45.9
West Moors ..	—	—	—	195	7	27.8	503	24	20.9	567	24	23.6	440	23	19.1
West Parley ..	507	24	21.1	460	24	19.1	448	24	18.6	499	24	20.8	371	24	15.4
Wimborne ..	2,590	52	49.8	2,211	52	41.7	2,168	52	41.6	1,944	51	38.1	1,707	52	32.8
Wool ..	679	24	28.2	529	24	22.0	505	24	21.0	482	24	20.0	582	24	24.2
<i>Poole Area</i>															
Branksome ..	4,621	123	37.5	4,628	122	29.7	4,590	120	38.2	3,616	102	35.4	3,866	103	37.5
Broadstone ..	3,240	51	64.8	2,288	52	44.0	1,700	52	34.6	1,574	51	30.8	1,836	51	36.0
Canford Magna ..	293	12	24.4	288	12	24.0	291	12	24.2	145	12	12.0	146	12	12.1
Central Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	1,427	63	22.6
Creekmoor ..	631	24	26.2	655	23	28.4	405	22	18.4	578	23	25.1	490	23	21.3
Hamworthy ..	2,699	82	32.9	2,311	82	28.1	1,992	70	28.4	2,039	56	36.4	2,921	64	45.6
Longfleet ..	1,224	24	51.0	947	24	39.4	752	24	31.3	807	24	33.6	237	8	29.6
Lower Parkstone ..	795	35	22.7	900	35	25.7	923	36	22.8	1,199	36	33.3	327	12	27.2
Newtown ..	1,341	47	28.5	1,604	47	34.1	1,512	48	31.5	1,737	48	36.1	2,351	48	49.0
Oakdale ..	1,293	28	46.1	1,888	43	43.9	3,031	52	58.2	2,724	51	53.4	2,741	51	53.7
Old Town ..	1,977	55	35.9	1,985	52	38.1	1,731	52	33.2	1,655	52	31.8	2,000	50	40.0
Rossmore ..	1,815	47	38.6	1,679	47	35.7	1,577	48	32.8	1,933	48	40.2	1,702	48	35.4
St. Aldhelms ..	707	24	29.4	785	24	32.7	750	24	31.2	972	24	40.5	496	12	41.3
Wallisdown ..	2,655	51	52.0	2,154	53	40.6	2,324	51	43.6	2,152	51	42.1	2,258	51	44.2
Waterloo ..	1,833	41	44.7	1,466	40	36.6	1,180	40	29.5	1,482	39	38.0	1,308	37	38.0
<i>South Dorset Area</i>															
Broadway ..	1,358	50	27.1	1,099	48	22.9	1,324	48	23.7	1,507	48	31.3	1,785	49	36.4
Chickerell ..	419	23	18.2	332	24	13.8	324	23	14.0	455	24	18.9	571	22	25.9
Lanehouse ..	587	23	25.5	565	22	25.6	503	24	20.9	754	24	31.4	665	24	27.7
Littlemoor ..	—	—	—	—	—	—	—	—	—	119	5	23.8	558	23	24.2
Portland Tophill ..	2,089	48	43.5	2,428	46	52.8	2,794	51	54.7	2,359	50	47.1	2,734	51	53.6
Portland Underhill ..	1,755	49	35.8	2,128	51	41.7	2,455	51	48.1	2,243	51	43.9	2,418	51	47.4
Preston ..	358	49	7.3	412	24	17.1	696	24	29.6	881	24	36.7	942	26	36.2
Southill ..	—	—	—	—	—	—	—	—	—	214	11	19.4	879	34	25.8
Weymouth ..	3,898	103	37.8	4,227	104	40.6	4,364	103	42.3	4,172	103	40.5	4,713	98	48.1
Wyke Regis ..	3,127	103	30.3	2,710	64	42.3	2,863	70	40.9	2,590	51	50.7	2,383	51	46.7
TOTALS ..	64,652	1,900	—	64,428	1,881	—	65,331	1,920	—	63,655	1,889	—	66,488	1,906	—

TABLE 9—MIDWIFERY NURSING STAFF, 1958—1962

	1958		1959		1960		1961		1962	
	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>
Supervisory staff	—	4	—	4	—	5	—	4	—	4
Domiciliary midwives	15	48	16	50	17	53	14	48	17	48
Equivalent whole-time staff (omitting supervisory) ..	38.5		41		43.5		42.5		41.0	
Midwifery training completed in conjunction with the Hospital Management Committees arranged through Dorset County Council	23		20		17		23		39	

TABLE 10—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY
AT THE END OF EACH YEAR FROM 1959—1962

	<i>Domiciliary Midwives</i>				<i>Midwives in Institutions</i>				<i>Totals</i>			
	1959	1960	1961	1962	1959	1960	1961	1962	1959	1960	1961	1962
(a) Midwives employed by the Authority ..	67	71	66	65	—	—	—	—	67	71	66	65
(b) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	55	52	77	75	55	52	77	75
(c) Midwives in Private Practice (including midwives employed in nursing homes) ..	1	1	3		3	3	2	2	4	4	5	2
TOTALS ..	68	72	69	65	58	55	79	77	126	127	148	142

TABLE 11—SUMMARY OF MIDWIFERY CASES ATTENDED, 1959—1962

<i>Cases attended by midwives in the employment of:—</i>						1959	1960	1961	1962
The County Council:	Domiciliary	} Midwifery } Maternity				1,377 407	1,467 479	1,422 429	1,250 481
Hospitals:						1,802 571	1,736 663	1,923 792	2,066 919
Midwives in private practice (including midwives employed in Nursing Homes):	Domiciliary	} Midwifery } Maternity				1 5	6 8	1 6	4 1
	Institutional					29 2	30 3	22 9	25 4
TOTALS						4,194	4,392	4,604	4,750

TABLE 12—HOME NURSING STAFF, 1958—1962

	1958		1959		1960		1961		1962	
	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>	<i>Full time</i>	<i>Part time</i>
Supervisory	—	3	—	3	—	5	1	3	1	3
State Registered Nurses	25	41	24	44	23	46	24	43	27	45
State Enrolled Nurses	1	7	1	7	1	7	1	7	1	5
Equivalent whole-time staff (omitting supervisory) ..	50.0		50.5		50.5		54.5		52.0	

TABLE 13—HEALTH VISITING STAFF, 1958—1962

Employed by (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Visitor services provided under Col. (3) (all classes including attendance at Child Welfare Centres) (4)				
	Whole-time on Health Visiting (2)					Part-time on Health Visiting (3)									
	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
Local Health Authority	3	4	5	5	4	41	40	41	42	42	29 $\frac{1}{11}$	29 $\frac{1}{11}$	29 $\frac{8}{11}$	30 $\frac{6}{11}$	31 $\frac{1}{11}$

TABLE 14—NUMBER OF CHILDREN AT 31.12.62 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION
AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.62						Estimated mid-year population, 1962 Children 0—4 years	Children 5—15 years of age at 31.12.62			Estimated mid-year population, 1962 Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
Beaminster R.D.	39	91	98	108	94	430	23,300	344	725	1,069	46,600	1,499
Blandford B.	15	47	68	58	43	231		254	304	558		789
Blandford R.D.	20	112	129	125	132	518		660	775	1,435		1,953
Bridport B.	24	72	80	73	76	325		293	525	818		1,143
Bridport R.D.	22	84	88	77	82	353		339	452	791		1,144
Dorchester B.	74	126	127	124	93	544		550	681	1,231		1,775
Dorchester R.D.	79	182	198	171	168	798		880	1,059	1,939		2,737
Lyme Regis B.	15	45	37	29	36	162		146	157	303		465
Shaftesbury B.	18	33	35	35	38	159		121	138	259		418
Shaftesbury R.D.	37	103	127	123	109	499		523	562	1,085		1,584
Sherborne U.D.	27	72	77	54	61	291		332	365	697		988
Sherborne R.D.	36	77	70	93	75	351		333	405	738		1,089
Sturminster R.D.	35	106	108	112	107	468		482	632	1,114		1,582
Swanage U.D.	31	88	75	72	52	318		296	334	630		948
Wareham B.	15	40	47	54	31	187		202	248	450		637
Wareham R.D.	71	224	264	279	231	1,069		1,162	1,223	2,385		3,454
Wimborne U.D.	21	58	61	48	55	243		248	308	556		799
Wimborne R.D.	166	331	369	380	302	1,548		1,354	1,419	2,773		4,321
Poole B.	410	986	1,020	992	957	4,365		4,732	6,082	10,814		15,179
Weymouth B.	182	506	546	548	473	2,255		2,199	2,742	4,941		7,196
Portland U.D.	70	166	141	143	141	661		634	1,194	1,828		2,489
TOTALS	1,407	3,549	3,765	3,698	3,356	15,775	23,300	16,084	20,330	36,414	46,600	52,189

Percentage of children under 5 years immunised 67.7
Percentage of children aged 5—15 years immunised 78.1
Percentage of total number of children under 15 years of age immunised .. 74.7

TABLE 15—DIPHTHERIA IMMUNISATION, 1958—1962
(at 31st December of the particular year)

Year	Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated mid-year population Children 5—15 years	Total number of children under 15 years immunised	Percent- age Immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
1958	298	2,021	2,864	2,897	2,980	11,060	21,300	16,698	22,503	39,201	47,100	50,261	73.4
1959	1,182	2,773	2,672	2,808	2,981	12,416	21,500	16,601	22,658	39,259	47,200	51,675	75.2
1960	1,279	3,376	3,110	2,850	2,886	13,501	21,900	16,019	23,262	39,281	47,500	52,782	76.0
1961	1,208	3,500	3,600	3,261	2,956	14,525	22,600	16,006	23,254	39,260	47,500	53,785	76.7
1962	1,407	3,549	3,765	3,698	3,356	15,775	23,300	16,084	20,330	36,414	46,600	52,189	74.7

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA IMMUNISATION, 1958—1962

Year	Age		Totals
	1—4 years	5—14 years	under 15 years
1958	99	3,524	3,623
1959	208	4,812	5,020
1960	420	5,017	5,437
1961	1,076	7,497	8,573
1962	1,193	3,457	4,650

TABLE 17—CHILDREN IMMUNISED AGAINST WHOOPING COUGH DURING 1962

District	Age								Totals	
	Under 1 year	1—4 years		5—14 years		15 years or over				
		P	R	P	R	P	R	P	R	
Beaminster Rural District	39	85	7	6	6	1	—	131	13	
Blandford Borough	15	41	2	1	14	—	1	57	17	
Blandford Rural District	20	104	8	8	28	—	—	132	36	
Bridport Borough	24	60	31	2	23	—	—	86	54	
Bridport Rural District	22	79	28	3	21	1	—	105	49	
Dorchester Borough	73	97	74	—	5	—	—	170	79	
Dorchester Rural District	79	158	57	7	26	—	—	244	83	
Lyme Regis Borough	15	34	3	—	1	—	—	49	4	
Shaftesbury Borough	13	23	—	—	—	—	—	36	—	
Shaftesbury Rural District	31	77	7	1	11	—	1	109	19	
Sherborne Urban District	27	50	23	1	10	—	1	78	34	
Sherborne Rural District	34	57	17	1	6	—	1	92	24	
Sturminster Rural District	35	93	12	7	12	1	—	136	24	
Swanage Urban District	31	76	46	3	9	—	1	110	56	
Wareham Borough	15	28	8	—	4	—	1	43	13	
Wareham Rural District	69	190	48	8	30	1	—	268	78	
Wimborne Urban District	21	41	10	3	6	—	—	65	16	
Wimborne Rural District	166	284	80	20	63	3	3	473	146	
Poole Borough	389	667	529	83	375	—	2	1,139	906	
Weymouth Borough	182	343	16	11	47	1	3	537	66	
Portland Urban District	70	116	50	9	77	—	9	195	136	
TOTALS	1,370	2,703	1,056	174	774	8	23	4,255	1,853	

P—Primary Immunisation.

R—Re-inforcing.

TABLE 18—PERSONS VACCINATED AGAINST SMALLPOX DURING 1962

District	Age								Totals	
	Under 1 year	1—4 years		5—14 years		15 years or over				
		P	R	P	R	P	R	P	R	
Beaminster Rural District	54	63	5	92	76	103	344	312	425	
Blandford Borough	20	72	15	126	116	195	366	413	497	
Blandford Rural District	46	170	38	209	395	248	806	673	1,239	
Bridport Borough	48	37	1	22	47	48	73	155	121	
Bridport Rural District	52	61	4	25	53	30	118	168	175	
Dorchester Borough	53	91	6	68	71	126	209	338	286	
Dorchester Rural District	69	188	14	165	166	181	489	603	669	
Lyme Regis Borough	10	42	8	7	92	28	301	87	401	
Shaftesbury Borough	2	29	2	37	62	59	193	127	257	
Shaftesbury Rural District	20	103	6	86	84	107	341	316	431	
Sherborne Urban District	24	45	7	47	94	44	302	160	403	
Sherborne Rural District	29	47	5	34	85	39	135	149	225	
Sturminster Rural District	35	88	7	129	218	145	465	397	690	
Swanage Urban District	25	90	11	107	206	276	437	498	654	
Wareham Borough	3	86	4	103	71	13	14	205	89	
Wareham Rural District	109	312	61	243	407	321	671	985	1,139	
Wimborne Urban District	17	71	2	47	29	45	81	180	112	
Wimborne Rural District	74	342	22	270	281	423	1,000	1,109	1,303	
Poole Borough	182	1,225	114	1,738	590	3,507	5,052	6,652	5,756	
Weymouth Borough	279	607	83	1,295	1,264	2,922	4,281	5,103	5,627	
Portland Urban District	91	181	11	440	98	924	374	1,636	483	
TOTALS	1,242	3,950	426	5,290	4,504	9,784	16,052	20,266	20,982	

P—Primary Vaccination. R—Re-Vaccination.

TABLE 19—SMALLPOX VACCINATION, 1958—1962

Year	Age							Totals	
	Under 1 year	1—4 years		5—14 years		15 or over			
		P	R	P	R	P	R	P	R
1958	1,066	1,297	35	130	109	113	223	2,606	367
1959	1,215	1,444	83	145	173	120	407	2,924	663
1960	1,201	1,488	54	143	169	129	360	2,961	583
1961	1,098	1,888	14	278	111	224	373	3,488	498
1962	1,242	3,950	426	5,290	4,504	9,784	16,052	20,266	20,982

P—Primary Vaccination. R—Re-Vaccination.

TABLE 20.—CHILDREN IMMUNISED AGAINST TETANUS DURING 1962

District	Age								Totals	
	Under 1 year	1—4 years		5—14 years		15 years or over				
		P	R	P	R	P	R	P	R	
Beaminster Rural District	39	90	8	59	39	58	14	246	61	
Blandford Borough	15	41	3	62	19	5	8	123	30	
Blandford Rural District	20	106	9	45	72	13	9	184	90	
Bridport Borough	24	61	32	35	34	11	1	131	67	
Bridport Rural District	22	79	30	23	34	12	3	136	67	
Dorchester Borough	74	101	78	82	48	24	6	281	132	
Dorchester Rural District	79	167	66	143	153	37	19	426	238	
Lyme Regis Borough	15	34	10	2	12	9	14	60	36	
Shaftesbury Borough	18	26	3	22	10	6	2	72	15	
Shaftesbury Rural District	37	97	11	98	30	7	1	239	42	
Sherborne Urban District	27	55	25	42	19	3	1	127	45	
Sherborne Rural District	36	62	18	59	44	20	55	177	117	
Sturminster Rural District	35	96	17	57	47	26	13	214	77	
Swanage Urban District	32	80	53	46	59	1	35	159	147	
Wareham Borough	15	31	10	4	24	—	—	50	34	
Wareham Rural District	71	194	55	53	117	10	1	328	173	
Wimborne Urban District	21	45	10	42	24	—	—	108	34	
Wimborne Rural District	166	284	90	234	211	28	37	712	338	
Poole Borough	398	710	579	401	404	11	2	1,520	985	
Weymouth Borough	182	356	27	419	546	208	21	1,165	594	
Portland Urban District	70	117	51	59	179	91	14	337	244	
TOTALS	1,396	2,832	1,185	1,987	2,125	580	256	6,795	3,566	

P = Primary Immunisation*R* = Re-inforcing

TABLE 21—AMBULANCE SERVICE STATISTICS—1962

ITEM		DEPOTS.													TOTAL		
		Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Svanage	Wareham	Weymouth		Wimborne	
PATIENTS CARRIED	Emergency	Maternity	56	94	141	30	10	34	295	10	30	31	47	104	225	76	1,183
	Routine	Road Accident	78	80	145	48	40	22	398	79	47	23	21	113	214	105	1,413
		Other Emergency	61	42	138	82	25	24	949	26	38	26	80	95	564	120	2,270
		Emergency Hospital Admissions	118	258	433	111	53	57	1,342	8	2	6	4	122	860	2	3,376
		TOTAL EMERGENCY	313	474	857	271	128	137	2,984	123	117	86	152	434	1,863	303	8,242
		Hospital Admissions ..	232	388	249	57	80	111	427	270	296	175	296	152	460	434	3,627
		Hospital Discharges ..	127	156	371	84	8	29	1,355	36	103	64	133	137	668	275	3,546
		Inter-Hospital Transfers ..	83	145	402	18	25	41	1,902	105	71	35	140	118	590	81	3,756
		Out-Patient Attendances:— Physiotherapy Other	16 356	1,405 1,264	1,688 3,559	98 550	2 51	80 217	1,519 9,403	— 57	670 1,048	114 258	— 305	301 487	6,410 3,909	449 800	12,752 22,264
	Corpses	—	5	17	5	—	2	25	2	3	—	1	5	19	3	87	
Training Centre Attendances ..	—	—	—	—	—	—	11,897	—	—	—	—	—	—	7,856	19,753		
Other Patients	36	66	89	19	21	8	749	18	415	30	36	23	465	167	2,142		
TOTAL ROUTINE	850	3,429	6,375	831	187	488	27,277	488	2,606	676	911	1,223	12,521	10,065	67,927		
TOTAL PATIENTS	1,163	3,903	7,232	1,102	315	625	30,261	611	2,723	762	1,063	1,657	14,384	10,368	76,169		
JOURNEYS	Patient Carrying	578	1,709	3,437	442	217	363	6,052	443	897	338	531	713	5,145	879	21,744	
	Training Centres	—	—	—	—	—	—	816	—	—	—	—	—	—	511	1,327	
	Other Journeys	15	386	362	20	19	9	275	20	65	66	7	34	119	78	1,475	
	TOTAL JOURNEYS	593	2,095	3,799	462	236	372	7,143	463	962	404	538	747	5,264	1,468	24,546	
MILEAGE	Patient Carrying	27,581	37,788	59,348	16,502	10,058	13,320	98,061	14,091	22,501	19,668	18,315	32,372	70,208	32,252	472,065	
	Training Centres	—	—	—	—	—	—	14,868	—	—	—	—	—	—	20,850	35,718	
	Other Mileage	153	1,585	1,660	220	234	136	2,269	194	1,307	697	55	604	904	1,182	11,200	
	TOTAL MILEAGE	27,734	39,373	61,008	16,722	10,292	13,456	115,198	14,285	23,808	20,365	18,370	32,976	71,112	54,284	518,983	
Night Journeys (between 1800—0900 hours)		150	245	354	82	57	81	1,396	110	87	65	94	185	796	208	3,910	
Stretcher Cases		677	823	1,392	629	232	332	7,304	507	487	367	771	987	2,487	1,251	18,246	
Sitting Cases Walking Not walking		350 136	2,667 463	4,871 1,067	166 307	69 17	164 129	22,066 940	85 19	2,014 222	209 186	126 166	528 142	1,100 978	8,450 726	52,765 5,498	
*Patients per Journey		2.01	2.29	2.10	2.49	1.45	1.72	3.03	1.38	3.04	2.25	2.00	2.32	2.79	2.83	2.59	
*Miles per Patient		23.71	9.68	8.20	14.97	31.93	21.31	5.34	23.06	8.26	25.81	17.23	19.54	4.88	12.84	8.37	

TABLE 22—HOSPITAL CAR SERVICE STATISTICS, 1962

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
Hospital Admissions ..	159	142	63	55	137	45	29	156	78	120	984
Hospital Discharges ..	162	157	106	9	188	55	17	190	96	85	1,065
Inter-Hospital Transfers ..	7	18	29	1	58	14	9	10	24	—	170
Out-Patient Attendances:—											
Physiotherapy	1,976	3,332	828	615	5,081	399	210	2,723	584	3,930	19,678
Other	7,050	3,158	2,388	1,626	7,382	1,396	890	6,634	1,159	5,743	37,426
Training Centre Attendances ..	—	3,667	276	—	1,233	—	120	1,923	—	850	8,069
Education, Immunisation, Social Services	867	666	238	620	3,710	272	184	836	11	850	8,254
Other Patients	41	9	7	14	13	4	8	21	12	10	139
TOTAL PATIENTS	10,262	11,149	3,935	2,940	17,802	2,185	1,467	12,493	1,964	11,588	75,785
Patient Carrying (excluding Training centre journeys) ..	3,193	2,551	1,400	796	4,004	766	576	3,592	838	3,847	21,563
Training Centre Journeys ..	—	488	145	—	564	—	55	419	—	477	2,148
Other Journeys	84	50	38	12	49	21	11	92	20	61	438
TOTAL JOURNEYS	3,277	3,089	1,583	808	4,617	787	642	4,103	858	4,385	24,149
Patient Carrying (excluding Training centre mileage) ..	124,947	84,033	55,980	34,340	94,902	21,700	17,990	124,664	32,631	96,845	688,032
Training Centre Mileage ..	—	19,855	1,885	—	5,099	—	1,613	13,854	—	6,497	48,803
Other Mileage	823	548	345	117	342	124	96	1,051	156	357	3,959
TOTAL MILEAGE	125,770	104,436	58,210	34,457	100,343	21,824	19,699	139,569	32,787	103,699	740,794
*Patients per Journey ..	3.21	2.94	2.61	3.60	4.14	2.85	2.34	3.00	2.34	2.80	3.14
*Miles per patient	12.17	11.23	15.30	11.67	5.72	10.00	13.35	11.79	16.61	9.02	10.16

*Excluding mentally subnormal persons

TABLE 23—DOMESTIC HELP SERVICE, 1962

	<i>Beaminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Lyme Regis</i>	<i>Poole</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>South Dorset</i>	<i>Sturminster</i>	<i>Swanage</i>	<i>Wareham</i>	<i>Wimborne</i>	TOTAL
<i>Cases</i>														
Old ..	2	24	35	41	—	276	41	14	287	43	16	31	79	889
New ..	3	40	24	60	5	298	41	13	180	31	11	40	96	842
Totals ..	5	64	59	101	5	574	82	27	467	74	27	71	175	1,731
<i>Types of Cases</i>														
Maternity—														
Old ..	—	—	—	1	—	1	1	—	1	1	—	—	1	6
New ..	—	5	6	16	—	82	3	1	28	8	—	7	22	178
Old Age—														
Old ..	2	13	27	26	—	220	21	10	264	27	8	19	46	683
New ..	1	8	3	16	3	145	11	7	130	5	4	14	24	371
Long-term														
Illness—														
Old ..	—	10	8	12	—	49	16	4	21	11	6	10	26	173
New ..	2	17	5	8	1	38	17	4	22	10	7	13	25	169
Short-term														
Illness—														
Old ..	—	1	—	2	—	1	3	—	—	4	2	2	6	21
New ..	—	10	10	20	1	32	10	1	—	8	—	6	25	123
Tuberculosis														
and others—														
Old ..	—	—	—	—	—	5	—	—	1	—	—	—	—	6
New ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1
<i>Helps</i>														
(at 31.12.62)														
Full-time ..	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Part-time ..	—	2	—	3	—	49	3	—	45	4	—	5	6	117
Spare-time ..	4	9	6	10	1	25	19	7	2	17	3	7	28	138
Totals ..	4	11	6	13	1	74	22	7	48	21	3	12	34	256
<i>Hours</i>														
Worked ..	1,455	7,093	3,651	8,516	275	63,679	14,773	4,216	44,774	17,258	1,627	9,493	28,253	204,973
Travelled ..	27	411	144	631	20	5,173	1,164	204	4,599	964	98	801	1,697	15,933
Waiting ..	—	2	24	17	—	507	56	—	13	14	1	49	29	712
Sick ..	—	8	261	133	—	2,663	—	—	2,381	44	—	568	6	6,064
Holidays ..	—	123	129	202	—	2,722	190	—	2,671	102	—	234	328	6,701
TOTALS	1,482	7,637	4,119	9,499	295	74,744	16,183	4,420	54,438	18,382	1,726	11,145	30,313	234,383

TABLE 24.—PERSONS RESIDENT ON 31ST DECEMBER 1962 IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948.

Establishment	No. of Beds	Not Materially Handicapped				Blind				Deaf				Epileptic				Other Physical Handicap				Mentally Handicapped				Total		Grand Total		
		Aged		Not Aged		Aged		Not Aged		Aged		Not Aged		Aged		Not Aged		Aged		Not Aged										
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F							
Homes in the possession of the County Council	Chalbury Lodge, Preston, Weymouth ..	17	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	12	17				
	James Day Memorial Home, Swanage ..	35	4	3	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	20	30				
	Belmont Court, Parkstone ..	37	—	—	—	—	5	19	—	2	—	7	—	—	—	—	—	—	—	—	—	—	—	5	30	35				
	The Lawns, Weymouth ..	40	5	7	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	26	39				
	Maiden Castle House, Dorchester ..	41	9	15	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	12	29	41				
	St. Martin's Home, Gillingham ..	49	14	23	1	1	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	17	31	38				
	Alexandra House, Parkstone ..	50	1	3	—	—	1	1	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	11	38	39				
	Castleman House, Blandford ..	51	1	3	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	28	49				
	Christmas Close, Wareham ..	58	14	13	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31	24	55				
	Stour View House, Sturminster Newton ..	109	4	3	—	—	1	2	1	—	—	5	—	—	—	—	—	—	—	—	—	—	—	3	35	70	105			
Homes Vested in the Minister as Hospital	Stoke Water House, Beaminster ..	116	15	5	2	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	5	8	4	2	66	44	110
	St. Mary's Block, Poole ..	43	14	12	—	2	—	—	—	—	—	—	—	2	1	1	1	—	—	—	—	—	—	1	20	21	41			
	Voluntary Homes		15	34	—	—	—	—	2	1	—	—	—	—	—	—	2	3	1	1	5	6	—	—	—	—	25	47	72	
Totals		99	124	3	3	12	32	3	2	5	26	—	—	3	3	5	10	13	13	29	53	14	6	271	420	691				

TABLE 25.—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES AS AT 31ST DECEMBER, 1962.

	Age Groups																								Totals		Grand Total
	11—20		21—40		41—50		51—60		61—65		66—70		71—75		76—80		81—85		86—90		91—95		96—100				
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W			
County Establishments	—	—	—	—	2	4	19	23	24	15	37	39	43	49	58	76	35	98	22	54	6	15	—	—	619		
Voluntary Homes	—	—	4	4	3	3	—	2	1	1	—	2	4	8	2	9	6	15	4	1	1	2	—	—	72		
	—	—	4	4	5	7	19	25	25	16	37	41	47	57	60	85	41	113	26	55	7	17	—	—	691		
TOTALS	—	—	8		12		44		41		78		104		145		154		81		24		—		691		

TABLE 26.—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1962, IN HOMES UNDER THE CONTROL OF VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-Country:</i>			
Poole Old People's Welfare and Housing Society Ltd.	3	6	9
British Red Cross, Charter House, Swanage	4	10	14
<i>Out-Country:</i>			
<i>Blind Persons:</i>			
Torr Home for the Blind, Plymouth	1	1	2
National Institute for Blind	—	1	1
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter	—	1	1
Maghull Home for Epileptics, Liverpool	1	—	1
David Lewis Colony, Warford	1	1	2
<i>Others:</i>			
Adelaide Cottage, West Malvern	1	1	2
Bournemouth Old People's Welfare and Housing Society Ltd.	5	16	21
British Council for Welfare of Spastics, Beaconsfield, Hants.	—	1	1
National Spastics Society	1	—	1
Hampshire Old People's Housing and Welfare Society Ltd.	1	—	1
Royal Naval Benevolent Trust, Chatham, Kent	1	—	1
School of Stitchery and Lace, Surrey	—	1	1
Poolemead Home for Deaf Women, Bath	—	1	1
Cheshire Foundation Homes	2	1	3
Royal Agricultural Benevolent Institution	—	1	1
Home for Incurables, Putney	1	1	2
Royal Albert Merchant Seamen's Society	1	—	1
Salvation Army Home—Mildred Duff	1	—	1
Mutual Aid Homes Ltd.	—	1	1
Easthill Home for the Deaf, Ryde, Isle of Wight	1	—	1
Ukrainian Invalid's Home, Chiddingfold	—	1	1
British Home and Hospital for Incurables, Streatham	—	1	1
Star and Garter Home, Richmond	1	—	1
TOTALS	25	47	72

TABLE 27.—WELFARE OF THE BLIND—REGISTRATION

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Male ..	..	1	1	1	1	5	3	11	15	19	20	42	21	37	71	51	34	10	341
Female ..	..	—	—	—	1	6	2	1	4	16	15	36	28	41	144	95	74	42	505
Totals ..	..	1	1	1	1	11	5	12	19	35	35	78	49	78	215	146	108	52	846

Age at Onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Total
Male ..	..	33	2	2	2	9	8	11	28	30	18	32	22	24	77	23	16	2	2	341
Female ..	..	28	—	—	3	10	2	5	11	15	31	55	35	44	158	62	35	8	3	505
Totals ..	..	61	2	2	3	19	10	16	39	45	49	87	57	68	235	85	51	10	5	846

Children, age under 16

	Under 2		Age 2—4 plus				Age 5—15 plus										Total			
	At Home or Elsewhere	Suitable for Education at School	Unsuitable for Education at School				Suitable for Education at School				Unsuitable for Education at School				At Home or Elsewhere					
			Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere	In Hospitals for Mentally Ill	In Hospitals for Sub-Normal	At Home or Elsewhere	Attending Special Schools for the Blind	No Other Defects	With Other Defects	Attending Other Schools	No Other Defects	With Other Defects		In Hospitals for Mentally Ill		In Hospitals for Sub-Normal	Blind	With Multiple Defects
Male ..	1	—	—	—	1	—	—	2	—	1	—	—	1	—	—	—	4	—	—	10
Female ..	—	—	—	—	1	—	—	5	1	1	—	—	—	—	—	—	1	—	—	9
Totals ..	1	—	—	—	2	—	—	7	1	2	—	—	—	1	—	—	5	—	—	19

Physically Defective and Mentally Sub-Normal and Mentally Ill—all ages

		Not Included in Either (a), (b), (c), (d), (e), or (f) Combination of																				Total			
	Mentally Ill	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)
Male	..	1	13	52	—	3	12	—	1	—	1	1	—	—	—	2	3	2	—	—	—	—	—	—	91
	Female	..	2	8	78	—	24	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	125
Total	..	3	21	130	—	14	36	—	1	—	1	1	—	—	—	2	3	4	—	—	—	—	—	—	216

Blind Persons age 16 and upwards (excluding those in Hostels for workers)—resident in

Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		(c)		(d)		(e)		(f)		(g)		(h)	
(a) Homes for the Blind	(b) Other Homes	Homes provided under Section 28 of the National Health Service Act, 1946		Residential Homes (other than (a), (b) or (c))		In Hospitals for Mentally Ill		In Hospitals for Mentally Sub-Normal		Other Hospitals		Total	
Male	..	6	15	—	2	3	5	4	35	4	35	35	35
Female	..	31	9	—	13	2	2	18	75	18	75	75	75
Totals	..	37	24	—	15	5	7	22	110	22	110	110	110

		At School, 16—20	Employed															Total Employed	Undergoing Training			Not Employed															Grand Total (i.e. total of columns (d)—(p) and At School 16—20) (q)	No. of persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (q) (r)
			Employed Under Sheltered Conditions										Employed Under Ordinary Conditions						Not Employed																			
			In Special Workshops (a)					In Home Workers Schemes (b)					(c)						Unemployed but capable of and available for work—						Not available for work (n)		Not capable of work (o)		Not working (p)									
			16—20	21—39	40—49	50—59	60—64	65 and over	16—20	21—39	40—49	50—59	60—64	65 and over	16—20	21—39	40—49		50—59	60—64	65 and over	(d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	already trained		subject to being trained		without training		16—59	60—64	16—59	60—64	65 and over		
																										For sheltered employment (h)	For open employment (i)	For sheltered employment (j)	For open employment (k)	In sheltered employment (l)	In open employment (m)							
Male	..	—	—	1	2	—	—	—	3	3	—	—	—	5	17	9	7	1	3	51	—	2	1	2	3	—	—	—	2	13	9	37	11	200	331	43		
Female	..	—	—	—	1	1	—	—	—	4	2	—	—	—	4	—	1	1	1	15	1	—	—	—	—	—	—	—	—	41	14	17	13	395	496	13		
Totals	..	—	—	1	3	1	—	—	—	7	5	—	—	—	5	21	9	8	2	4	66	1	2	1	2	3	—	—	—	2	54	23	54	24	595	827	56	

Occupations of Employed Blind Persons (included in Col. (d) above)

		Group I								Group II				Group III				Group IV			Group V																Group VI			Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Professional, Technical, Administrative and Executive Workers, Managerial Workers								Clerical and Related Workers				Sales Workers				Agricultural and Horticultural Workers			Craftsmen, Production Process Workers, Labourers																Service and Miscellaneous Workers																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		Masseurs and Physiotherapists	Lecturers, Teachers, Instructors (including Craft Instructors)	Clergy and members of Religious Orders	Barristers, Solicitors and related workers	Musicians (including Music Teachers)	Social, Welfare and related works (including Placement Officers)	Proprietors, Managers and Executive Workers in Industry and Commerce	Other Workers in Group I (n.e.c.)	Typists, Shorthand Typists, Secretaries	Braille Copyists and Proof Readers	Clerical Workers	Telephone Operators	Working Proprietors, Shop Managers	Shop Assistants, Salesmen	Street Vendors, News-vendors, Hawkers	Sales Representatives, Agents, Collectors, Commercial Travellers	Farmers, Farm Managers, Market Gardeners, Farm Workers	Gardeners, Groundsmen	Animal Husbandry (including Poultry Keeping)	Machine Tool Operators	Fitters and Assemblers	Viewers, Inspectors, Testers	Boxers, Fillers, Packers	Warehousemen, Storekeepers and Assistants	Carpenters and Joiners	Knitters (Hand and Machine), Weavers, Netting Makers	Upholsterers, Machinists (Bedding, etc.), Mattress Makers	Basket Makers	Mat Makers	Chair Seaters	Brush Makers	Wireworkers	Boot and Shoe Repairers	Piano Tuners	Firewood Workers	Craftsmen and Production Process Workers (n.e.c.)	Labourers (n.e.c.)	Domestic Canteen Workers, Cleaners, Caretakers, Porters		Launderers, Dry Cleaners	Miscellaneous Workers (n.e.c.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Employ-ment under Sheltered Conditions	In Special Workshops	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</

TABLE 28—REGISTRATION OF PARTIALLY SIGHTED PERSONS

	Total Number on Register—Age Groups and Sex								Cases Newly Registered (excluding recertifications and Transfers from other areas) Age at Date of Registration							
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total
Male ..	—	1	3	2	9	4	19	38	—	2	—	—	—	1	6	9
Female ..	—	—	2	1	10	11	61	85	—	—	—	—	—	—	12	12
Totals ..	—	1	5	3	19	15	80	123	—	2	—	—	—	1	18	21

Removals from Register during the Year for Reasons Set Out Below

	(a) On Admission to Blind Register								(b) On Decertification due to Improved Visual Acuity							
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total
Male ..	—	—	—	—	—	1	1	2	—	—	1	—	—	—	—	1
Female ..	—	—	—	—	1	—	5	6	—	—	—	—	—	—	—	—
Totals ..	—	—	—	—	1	1	6	8	—	—	1	—	—	—	—	1

Class A—Persons Near and Prospectively Blind (Age 16 and over)

	Employed					Undergoing Training					Unemployed—Not Under Training										Total—Class A				
											Available for and capable of training or work					Not available for or not capable of work									
	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total
Male ..	2	3	—	—	5	—	1	—	—	1	—	—	—	—	—	—	—	4	18	22	2	4	4	18	28
Female ..	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	4	7	52	63	—	4	8	52	64
Totals ..	2	3	1	—	6	—	1	—	—	1	—	—	—	—	—	—	4	11	70	85	2	8	12	70	92

Class B—Persons Mainly Industrially Handicapped (Age 16 and over)

	Employed					Undergoing Training					Unemployed—Not Under Training										Total—Class B				
											Available for and capable of training or work					Not available for work									
	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total
Male ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Female ..	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	4	—	—	4
Totals ..	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	4	—	—	4

	Class C— Persons requiring Observation only (Age 16 and over)					Class D— Children age 5 and under 16					Children age 16 and over still at school	Persons registered under the Disabled Persons (Employment) Act, 1944
	16—20	21—49	50—64	65 and over	Total	Educable			Ineducable	Total		
						Attending Special Schools	Attending other Schools	Not at School				
Male ..	—	5	—	1	6	2	—	1	—	3	—	6
Female ..	—	2	3	9	14	1	1	—	—	2	1	—
Totals ..	—	7	3	10	20	3	1	1	—	5	1	6

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